

FEC FORM 2
STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) <u>Sylvanis V. Thompson</u>		2023 JUL 19 AM 10:35	
(b) Address (number and street) <u>544 W. Beresford Rd</u>		2. FEC Candidate Identification Number	
(c) City, State, and ZIP Code <u>Deland, FL 32720</u>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation <u>IND</u>	5. Office Sought <u>President</u>	6. State & District of Candidate <u>Florida</u>	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <u>Sylvanis V. Thompson Campaign</u>
(b) Address (number and street) <u>544 W. Beresford Rd</u>
(c) City, State, and ZIP Code <u>Deland, FL 32722</u>

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate <u>Sylvanis V. Thompson</u>	Date <u>07/13/2023</u>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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(b) Address (number and street)

(c) City, State, and ZIP Code

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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Deland, FL 32720

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Federal Election Commission
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Time Accepted (AM/PM) Return Receipt Fee \$ Live Mail Transportation Fee \$

Special Handling/Fragile Sunday/Holiday Premium Fee Total Postage & Fees \$ 32.30

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<input type="checkbox"/> Postmark Illegible		
<input type="checkbox"/> No Postmark		
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date	Date of Receipt
	Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received via FAX		Date of Receipt
<input type="checkbox"/> Received via Email		Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office		Date of Receipt
<input type="checkbox"/> Other (Specify):		Date of Receipt or Postmarked
PREPARER <i>mm</i>		7/19/23
(4/2023)		DATE PREPARED