

# FEC FORM 2

## STATEMENT OF CANDIDACY

RECEIVED  
FEC MAILCENTER

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

### 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) <i>Sylvania V. Thompson Campaign</i>
(b) Address (number and street) <i>544 W. Beresford Rd</i>
(c) City, State, and ZIP Code <i>Deland, FL 32720</i>

### 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 <i>Sylvania V. Thompson</i>	Date <i>07/13/2023</i>
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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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Sylvia V. Thompson  
544 W. Beresford Rd  
Deland, FL 32720

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Delivery Options

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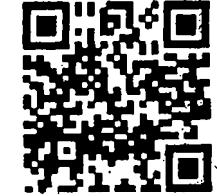
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Federal Election Commission 1050 First Street NE Washington, DC 20463		32724	07/19/23	07/19/23	28.75

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<input type="checkbox"/>	No Postmark		
<input type="checkbox"/>	Overnight Delivery Service (Specify):	Shipping Date Next Business Day Delivery <input type="checkbox"/>	Date of Receipt
<input type="checkbox"/>	Received via FAX	Date of Receipt	
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<input type="checkbox"/>	Other (Specify):	Date of Receipt or Postmarked	
		7/19/23	
PREPARER	DATE PREPARED		

PREPARER MM

(4/2023)

**DATE PREPARED**