

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Committee To Elect Mathew Thomas

ADDRESS (number and street)

1561 Powder Ridge Ct

☐ (Check if address is changed)

Palm Harbor

CITY ▲

FL

STATE ▲

34683

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

campaign@mathewthomasforcongress.org

Optional Second E-Mail Address

mthomas@mathewthomasforcongress.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

mathewthomasforcongress.org

2. DATE

MM / DD / YYYY
08 / 01 / 2017

3. FEC IDENTIFICATION NUMBER ►

C C00656363

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

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

Type or Print Name of Treasurer Thomas, Sunil, Mathew, ,

Signature of Treasurer Thomas, Sunil, Mathew, ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 07 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Thomas, Sunil, Mathew, ,

Candidate
Party Affiliation

DEM

Office
Sought:☒

House

☐

Senate

☐

President

State

FL

District

12

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- | | | | |
|----|----------------------|---------------|------------------------|
| 1. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | C <input type="text"/> |

Write or Type Committee Name

Committee To Elect Mathew Thomas**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Thomas, Sunil, Mathew, ,

Mailing Address

1561 Powder Ridge Ct

Palm Harbor

FL

34683

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

727

789

1574

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

Thomas, Sunil, Mathew, ,

Mailing Address

1561 Powder Ridge Ct

Palm Harbor

FL

34683

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

727

789

1574

Full Name of
Designated
Agent

Dowling, Catherine, , ,

Mailing Address

884 1/2 14 Ave N

Saint Petersburg

CITY

FL

STATE

33701

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

727

557

9641

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BB&T

Mailing Address

28050 US Highway 19 N.

Clearwater

CITY

FL

STATE

34683

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: F1A
Transaction ID :

Adding Catherine Dowling as Assistant Treasurer.

Form/Schedule:
Transaction ID: