

**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

Edify PAC

ADDRESS (number and street)

2803 Gulf to Bay Blvd

☐(Check if address
is changed)

Suite 421

Clearwater

CITY ▲

FL

STATE ▲

33759

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐(Check if address
is changed)

shawna@edifypac.com

Optional Second E-Mail Address

meredith@edifypac.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address
is changed)

www.edifypac.com

2. DATE

MM / DD / YYYY
10 / 01 / 2019

3. FEC IDENTIFICATION NUMBER ►

C C00722330

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 Vercher, Jason, , ,

Signature of Treasurer

Vercher, Jason, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 09 / 2019

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)

1.  FEC ID number **C** 
2.  FEC ID number **C** 
3.  FEC ID number **C** 
4.  FEC ID number **C** 

Write or Type Committee Name

Edify PAC

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

Vercher, Shawna, , ,

Mailing Address

2803 Gulf to Bay Blvd

Suite 421

Clearwater

FL

33759

Title or Position

CITY

STATE

ZIP CODE

President

Telephone number

202

996

0155

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

Vercher, Jason, , ,

Mailing Address

2803 Gulf to Bay Blvd

Suite 421

Clearwater

FL

33759

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

727

687

4712

Full Name of
Designated
Agent

Ockman, Meredith, , ,

Mailing Address

2803 Gulf to Bay Blvd

Suite 421

Clearwater

CITY

FL

STATE

33759

ZIP CODE

Title or Position

Chief of Staff

Telephone number

202

996

0155

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.

Parke Bank

Mailing Address

601 Celsea Drive

Sewell

CITY

NJ

STATE

08080

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE