

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
Peridot Operations Inc- Dr. Uloma Uma Ekpete (Florida Senate Candidate).

ADDRESS (number and street) 7901 4th Street N Ste 300
(Check if address is changed)
St Petersburg FL 33702
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
(Check if address is changed) sardonyxhealth@gmail.com
Optional Second E-Mail Address
ekpeteuloma@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
(Check if address is changed) www.electulomaekpete.com

2. DATE 05 / 16 / 2022

3. FEC IDENTIFICATION NUMBER C C00815308

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 Ekpete, Uloma, Uma, Dr.,

Signature of Treasurer Ekpete, Uloma, Uma, Dr., [Electronically Filed] Date 08 / 25 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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 Ekpete, Uloma, Uma, Dr.,

Candidate Party Affiliation W Office Sought:  House  Senate  President State FL District 00

- (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.)

- (g)  This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h)  This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

**Joint Fundraising Representative:**

- (i)  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.
- (j)  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. \_\_\_\_\_
2. \_\_\_\_\_

C \_\_\_\_\_  
C \_\_\_\_\_

Write or Type Committee Name

Peridot Operations Inc- Dr. Uloma Uma Ekpete (Florida Senate Candidate).

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor PERIDOT OPERATIONS INC- DR. ULOMA UMA EKPETE (FLORIDA SENATE CANDIDATE).

Mailing Address 7901 4TH STREET N STE 300

ST PETERSBURG FL 33702

CITY STATE ZIP CODE

Relationship: Connected Organization [x] Affiliated Organization 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 Ekpete, Uloma, Uma, Dr.,

Mailing Address 7901 4th Street N. Ste 300

St Petersburg FL 33702

CITY STATE ZIP CODE

Title or Position

CEO/Chairwoman Telephone number 470 838 5439

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 Ekpete, Uloma, Uma, Dr.,

Mailing Address 7901 4th Street N Ste 300

St Petersburg FL 33702

CITY STATE ZIP CODE

Title or Position

Campaign Treasurer Telephone number 470 838 5439

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[Empty grid for Title or Position]

Telephone number [Empty grid]

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.

Regions Bank

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

6297 W Waters Avenue

[Empty grid for Mailing Address line 2]

Tampa FL 33634

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Current Bank

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

217 Centre Street Suite 180

[Empty grid for Mailing Address line 2]

New York NY 10013

CITY ▲

STATE ▲

ZIP CODE ▲