Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Committee to Elect Jermaine Evans 8916 Metheny Circle ADDRESS (number and street) (Check if address is changed) Tampa FL 33615 CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS evansforcongress18@gmail.com (Check if address is changed) Optional Second E-Mail Address jermainej.evans@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2017 C00652370 FEC IDENTIFICATION NUMBER > 3. 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. McMahon, Matthew, , , Type or Print Name of Treasurer McMahon, Matthew, , , [Electronically Filed] 80 03 2017 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Cominformation below.)	pplete the candidate
Nam Can	ne of didate	Evans, Jermaine, , ,	
	didate y Affiliati	on REP Office Sought: * House Senate President	State FL District 14
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		Corporation Wo 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 scommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Func	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee	ee Name		
Committee	to Elect Jermaine Evan	S	
6. Name of Any Conr	nected Organization, Affiliated Committee, Jo	oint Fundraising Representative,	or Leadership PAC Sponsor
NONE			
	<u> </u>		
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: C	onnected Organization Affiliated Committee	Joint Fundraising Representat	Leadership PAC Sponsor
. Custodian of Records.	rds: Identify by name, address (phone number	optional) and position of the pe	erson in possession of committee
	cMahon, Matthew, , ,		
Full Name	,1474 Park Street		
Mailing Address			
			22755
	Clearwater	FL L	33755
Title or Position	CITY	STATE	ZIP CODE
		Telephone number 7	27 550 6040
3. Treasurer: List the rany designated ager	name and address (phone number optional) of the contract (e.g., assistant treasurer).	of the treasurer of the committee;	and the name and address of
Full Name M	cMahon, Matthew, , ,		1
Mailing Address	1474 Park Street		
	Clearwater		33755
	CITY	STATE	ZIP CODE
Title or Position		Telephone number	27 550 6040

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
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safety deposit boxes o Name of Bank, Deposi	ells Fargo	, nous accounts, rents
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