FEC FORM 1

CHUTCHING CHO CON CHO CONDIN

STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAIL CENTER

					Military Office Affill U: U/
1. NAME OF COMMITTEE (in full)		k if name anged)	Example: If typing, type over the lines.	12FE4M5	and the second s
SYNIVERSE TECHNOLOGIES	S,PQLITICAL,	четіри срм	MITTEE		
	4-4-4-4	1111			لتسبيسا
ADDRESS (number and street)	81,25 ₁ HIGH	VOODS PALI	W WAY		
☐ (Check if address is changed)					
	TAMPA, L	<u> </u>	لىسىسى	FL 33 STATE ▲	647
COMMITTEE'S E-MAIL ADDRES	SS				
(Check if address is changed)	SVRTAXDE	PT@SYNIV	ERSE.COM	1 1 1 1 1	
	Optional Sec	ond E-Mail Add	dress		
		1 1 1 1			
COMMITTEE'S WEB PAGE ADI	DRESS (URL)				
【 (Check if address is changed)					
·					
2. DATE 07 13	D / Y Y Y 2020	Υ-Y-Y-Y-			
3. FEC IDENTIFICATION NU	JMBER ▶	C 003	395186		
4. IS THIS STATEMENT	NEW (N)	OR	AMENDED (A)		
certify that I have examined th	is Statement a	nd to the best	of my knowledge and belief i	it is true, correct an	d complete.
Type or Print Name of Treasure	JASMINE	DENTON			
Signature of Treasurer	asmine	Denton		Date 07	13 2020
NOTE: Submission of false, errone			may subject the person signing TON SHOULD BE REPORTED		e penalties of 52 U.S.C. §30109
Office Use Only			For further information Federal Election Commis- Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

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5.	TYPE OF C	OMMITTEE			
	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. (Cominformation below.)	plete the candidate		
	Name of Candidate		graves:		
	Candidate Party Affiliati	Office Sought: House Senate President	State State District		
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	·		
	Name of Candidate				
	Party Con	nmittee: (National, State	(Democratic,		
	(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party.		
	Political 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 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 secommittee. (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.)			
	Joint Fund	Iraising 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political		
	Com	mittees Participating in Joint Fundraiser			
	1.	The state of the s			
	2.	FEC ID number C	~		
	3.	FEC ID number	Amelian Investment and		
	4.				

6.	Name of Any Connect	ed Organization, Affiliated Committee, Joi	int Fundraising Representative, or Leader
L			
L			
	Mailing Address		
•			
		CITY	STATE
	Relationship: Conn	ected Organization Affiliated Committee	Joint Fundraising Representative
7 .	books and records.	INE DENTON	optional) and position of the person in p
7.	books and records. Full Name JASN	· ·	optional) and position of the person in p
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7.	books and records. Full Name JASN	NINE DENTON	optional) and position of the person in po
7.	books and records. Full Name JASN	MINE DENTON	

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Write or Type Committee Name

S	NIVERSE TE	CHNOLOGIES POLITICAL ACTION COMMITTEE
6.	Name of Any C	Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
L		
	Mailing Address	
	Relationship:	CITY STATE ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
•	Custodian of Rebooks and recor	ecords: Identify by name, address (phone number optional) and position of the person in possession of committee rds.
	Full Name	JASMINE PENTON , , , , , , , , , , , , , , , , , , ,
	Mailing Address	81,25,HIGHWOODS,PALM WAY
	Title or Position	CITY STATE ZIP CODE
	TREASURER	Telephone number [81,3 ,] = [637 ,] = [5806, ,
3.		the name and address (phone number optional) of the treasurer of the committee; and the name and address of agent (e.g., assistant treasurer).
	Full Name of Treasurer	JASMINE DENTON
	Mailing Address	81,25,HIGHWOOPS,PALM WAY
	Title or Position	CITY STATE ZIP CODE
	TREASURER,	Telephone number 81,3 - 637 - 58,06

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		^
Full Name of Designated Agent	JASMINE DENTON	
Mailing Address	8125 HIGHWOOPS, PALM WAY	
٠.	TAMPA FL 3364	ZIP CODE
Title or Position	Telephone number 813 -	637 - [5806
	r Depositories: List all banks or other depositories in which the committee deposits funds, ho oxes or maintains funds. Depository, etc. BANK OF AMERICA	
Mailing Address	191 E. KENNEDY BLVP.	
	TAMPA	2 !-! !
	CITY STATE	ليجلبطنا ليبنيا
		ZIP CODE
Name of Bank, I	Depository, etc.	ZIP CODE
Name of Bank,	Depository, etc.	ZIP CODE
Name of Bank, I		ZIP CODE
		ZIP CODE
·		ZIP CODE

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FEC Form 1\$ (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page	of	

5(g) or (h).	Joint Fundralsin	g Participant:		
1.	<u> </u>		FEC ID number	
2.	1 1 1 1 1	1 1 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1	FEC ID number	pri Carpanagemannya manajamannya manajamanya manajamanya C
3.	1 1 1 1 1 1		FEC ID number	territoria successi marchinoscopico consistencia in consistencia consistencia con con consistencia con consi
4			FEC ID number	
S. Name of	Any Connected	Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Sponsor
لللا	<u> </u>			
Ma	iling Address			
	V			
Re	lationship:	CITY ▲	STATE A	ZIP CODE A
	Connected	d Organization Affiliated Committee	oint Fundraising Represen	tativeeadership PAC Sponsor
-	ted Agent: Identif	y by name, address (phone number – optiona	at)	
Maili	ng Address			
тт	LE OR POSITION	CITY. A	STATE A	ZIP CODE A
1 ,			Telephone Number	!-! !-! !
Banks o safety de	r Other Deposito eposit boxes or ma	orles: List all banks or other depositories in waintains funds.	hich the committee depos	its funds, holds accounts, rents
Name of Deposito			 <u> - - - - - - - - - - - - - - - - - - -</u>	·
М	ailing Address		<u> </u>	
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Highwoods Pulm way

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08-17-20

DATÉ PREPARED

(3/2015)

PREPARER