

**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

DR. EVELYN J MCBRIDE

ADDRESS (number and street)

4115 MORELAND DR

☐ (Check if address is changed)

VALRICO

CITY ▲

FL

STATE ▲

33596

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

EDWARD.MCBRIDE2@VA.GOV

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

MM / DD / YYYY
02 / 20 / 2025

3. FEC IDENTIFICATION NUMBER ►

C C00898056

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 VIVERETTE, CHARLENE, D.,

Signature of Treasurer VIVERETTE, CHARLENE, D.,

Date

MM / DD / YYYY
02 / 20 / 2025

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.

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 MCBRIDE, EVELYN, JANE'-MARIE, DR,

Candidate
Party Affiliation

DEM

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.

C

2.

C

Write or Type Committee Name

DR. EVELYN J MCBRIDE

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 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 VIVERETTE, CHARLENE, D, ,

Mailing Address 4115 MORELAND DR

VALRICO

FL

33596

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURE

Telephone number 813 - 704 - 7972

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 VIVERETTE, CHARLENE, D, ,

Mailing Address 4115 MORELAND DR

VALRICO

FL

33596

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number 813 - 704 - 7972

Full Name of
Designated
Agent

PHILBERT, KESSLER, , ,

Mailing Address

3701 COPPERTREE CIR

BRANDON

FL

33511

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

EXECUTIVE ASSISTANT

Telephone number

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.

TRUIST

Mailing Address

2208 E FLOWER

TAMPA

FL

33612

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲