

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF  
COMMITTEE (in full)  (Check if name  
is changed) Example: If typing, type  
over the lines.

12FE4M5

Sylvanis Thompson Campaign

ADDRESS (number and street)  (Check if address  
is changed)

1549 West Beresford Rd

DeLand

CITY ▲

FL

32720-1

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address  
is changed)

lavinis689@icloud.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

http://www.sylvanisthompson.com

2. DATE **07/13/2023**

3. FEC IDENTIFICATION NUMBER ►

C

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

Sylvanis V. Thompson

Signature of Treasurer

Sylvanis V. Thompson

Date

07/13/2023

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  
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 03/2022)

## 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

SYLVANIA THOMPSON

Candidate Party Affiliation

END

Office Sought:

 House Senate President

State

District

(c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

SYLVANIA THOMPSON

**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

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

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

Sylvanis Thompson

Mailing Address

544 West Beresford Rd  
DeLand  FL  32720-1

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Manager

Telephone number

386-341-1700

## 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 TreasurerSylvanis Thompson

Mailing Address

544 West Beresford Rd  
DeLand  FL  32720-1

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Manager

Telephone number

386-341-1700

Full Name of  
Designated  
Agent

---

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

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.

Spacecoast credit

Mailing Address

15873 Southland Boulevard

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

---

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

## 5(i) or (j). Joint Fundraising Participant:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

FEC ID number

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

## 8. Designated Agent: Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_

Mailing Address  
\_\_\_\_\_  
\_\_\_\_\_

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

\_\_\_\_\_

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.

Spacecoast credit

Mailing Address

1587 Sidewoodland Boulevard  
Deland, FL 32720-1

CITY ▲

STATE ▲

ZIP CODE ▲

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PME 1-DAY  
DELAND, FL 32724  
JUL 13, 2023

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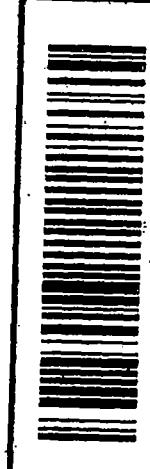
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444 W. Crescent Rd  
DeLand, FL 32720

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ENVELOPE

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LABEL 11-B, MAY 2021

PSN7690-Q2-000-3990

LABEL 11-B, MAY 2021

PAYMENT BY ACCOUNT (if applicable)	
USPS Corporate Acct. No.	Federal Agency Acct. No. or Postal Service™ Acct. No.
OR: \$1.00 (POSTAL SERVICE USE ONLY)	
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Federal Election Commission  
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date	Date of Receipt
	Next Business Day Delivery <input type="checkbox"/>	
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt	
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked	
<i>WTD</i>	7/14/23	
PREPARER	DATE PREPARED	

(4/2023)