STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE							
(PLEASE TYPE)			FAR 4 FA I H9				
1. Full Name of Committee		,			Telephone		
Healthy Manatee, PC					(941) 745-6868		
Mailing Address (include city, state and zip code)							
1001 3rd Avenue West, Suite 700, Bradenton, FL 34205 Attn: Bob Christopher							
Street Address (include city, state and zip code) 7915 US 301 Highway North, Ellenton, FL 34222-3531							
2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)							
Name of Affiliated or Connected Organization	Mailing Address			Relationship			
None							
3. Area, Scope and Jurisdiction of the Committee To provide community education to registered voters of Manatee County regarding the need to vote for the enactment of a .5 cent sales tax to generate sustainable funding for the wellness and care of indigent citizens.							
4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.) Medical/Educational							
5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)							
Full Name	Mailing Address			Comn	nittee Title or Position		
Patricia Glass	2560 Tarpon Road Palmetto, Florida 34221			Presiden	t/Chair		
Robert Christopher	1001 3rd Avenue West Suite 700 Bradenton, FL 34205			Treasure	er 		

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(continued on reverse side)

6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)							
Full Name	Mailing Addr	ess Co	Committee Title or Position				
None							
7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)							
Full Name	Mailing Address	Office Sought	Party				
None							
8. List Any Issues this Committee is Supporting: .5 cent sales tax to fund County health and wellness programs List Any Issues this Committee is Opposing:							
9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party None							
10. In the Event of Dissolution, What Disposition will be Made of Residual Funds? 100% of all residuals funds not applied against campaign expenses will be donated to the Manatee County Indigent Fund							
11. List all Banks, Safety	11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds						
Name of Bank or Depository & Account Number Mailing			Address				
SunTrust Band K		1001 3rd Avenue West Bradenton, FL 34205					
12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any							
Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address				
Report Codes(Contributions and Expenses) 2013 Q1 2013 Q2	Due Dates 4/10/2013 7/10/2013	Robert Christopher, Treasurer	1001 3rd Avenue W. Suite 700 Bradenton, FL 34205				
STATE OF Florida	0	Manatee					
I, Patricia Glass , certify that the information in this Statement of							
Organization is complete, true and correct. X <u>Miria M. Blass</u> Signature of Chairman of Political Committee Date							

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