

received

12/12/19

11:00 AM

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

OFFICE USE ONLY

1. Full Name of Committee

COMMITTEE TO RECALL WILLIAM SHEARON

Telephone

941-757-6741

Mailing Address (include city, state and zip code)

202 BAY DRIVE NORTH
BRADENTON BEACH, FL 34217

Street Address (include city, state and zip code)

202 BAY DRIVE NORTH
BRADENTON BEACH, FL 34217

2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

Name of Affiliated or
Connected Organization

Mailing Address

Relationship

N/A

3. Area, Scope and Jurisdiction of the Committee

LOCAL POLITICAL COMMITTEE TO OPPOSE A CANDIDATE FOR MUNICIPAL/LOCAL OFFICE AND OTHER
ACTIVITIES NOT PROHIBITED BY CHAPTER 106, F.S.

4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)

POLITICAL

5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)

Full Name

Mailing Address

Committee Title or Position

ERIC ROBINSON

133 S. HARBOR DRIVE
VENICE, FL 34285

TREASURER

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 Address	Committee Title or Position
PETER BARREDA	202 BAY DRIVE NORTH BRADENTON BEACH, FL 34217	CHAIRMAN

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
TO BE DETERMINED			

8. List Any Issues this Committee is Supporting: TO BE DETERMINED
List Any Issues this Committee is Opposing: TO BE DETERMINED

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party

10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?
 CONTRIBUTE TO CANDIDATES, POLITICAL PARTIES, POLITICAL COMMITTEES OR OTHER ACTIVITIES NOT PROHIBITED BY LAW.

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

Name of Bank or Depository & Account Number	Mailing Address
SUNTRUST BANK	200 S. NOKOMIS AVE VENICE, FL 34285


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
FORM 8871 FORM 1120POL FORM 990 AS MAY BE REQUIRED	UPON FORMATION MAR 15, ANNUALLY MAY 15, ANNUALLY	INTERNAL REVENUE SERVICE	OGDEN, UT 84201

STATE OF FLORIDA MANATEE COUNTY

I, PETER BARREDA, certify that the information in this Statement of

Organization is complete, true and correct.

X 
 Signature of Chairman of Political Committee

12/18/2014
 Date