STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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			SUPFILVISOR OF A POTENCE				
Full Name of Committee Forward Manatee	Telephone 941-725-1377						
Mailing Address (include city 6688 Cortez Road West, I	• •						
Street Address (include city, 6688 Cortez Road West, I	Bradenton, Florida 34210						
committees)	ganizations (includes other committe	es of cont	inuous existence and politica	ij			
Name of Affiliated or Connected Organization	Mailing Address	Mailing Address					
NONE							
3. Area, Scope and Jurisdiction of the Committee Manatee County							
4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.) Education and Infrastructure							
5. Identify by Name, Address	and Position, the Custodian of Book	s and Acc	ounts (include treasurer's na	me)			
Full Name	Mailing Address		Committee Title or Position				
Angela J. Bibler	6688 Cortez Road West Bradenton, Florida 34210		Treasurer				
John C. Horne	6688 Cortez Road West Bradenton, Florida 34210		Deputy 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 Add	Mailing Address		Committee Title or Position			
John C. Horne	6688 Cortez Road West Bradenton, Florida 34210	6688 Cortez Road West Bradenton, Florida 34210		Chairman and Deputy Treasurer			
Chuck Slater	6688 Cortez Road West Bradenton, Florida 34210	6688 Cortez Road West Bradenton, Florida 34210		Co-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	Mailing Address Office		Sought Party			
NONE							
8. List Any Issues this Con	nmittee is Supporting: Manat	ee County sales ta	ax referendum a	nd/or other issues			
8. List Any Issues this Committee is Supporting: Manatee County sales tax referendum and/or other issues to be determined. To Be Determined.							
9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party N/A							
10. In the Event of Dissolution, What Disposition will be Made of Residual Funds? 501(c)(3) charitable contribution or other distribution permitted 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					
Bank of the Ozarks		3705 53rd Ave. E., Bradenton, FL 34203					
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	of Official M	lailing Address			
				20 3			
STATE OF Florida		Mana	tee	CJI -EOUNTY			
John C. Horne , certify that the information in this Statement of							
Organization is complete, tru Signature of C	le and copect. Now hairman of Political Committee	-	20 Ju	<u> 4 16</u>			