

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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2016 AUG 26 PM 1:26

MANUEL CLAUDIO
SUPERVISOR OF ELECTIONS

1. Full Name of Committee

Telephone

RECALL THEM ALL BRADENTON

941-447-9929

Mailing Address (include city, state and zip code)

1420 1ST AVENUE EAST

Street Address (include city, state and zip code)

BRADENTON, FL 34208

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	N/A	N/A

3. Area, Scope and Jurisdiction of the Committee

BRADENTON MUNICIPAL RECALL

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

POLITICAL CORRUPTION

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
KIM YOUNGSHEPERD	1420 1st Ave. EAST	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
BARBARA ELLIOTT	1420 1 ST AVE EAST	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
NONE			

8. List Any Issues this Committee is Supporting: RECALL OF PATRICK ROFF,
 List Any Issues this Committee is Opposing: GENE BROWN, BEMIS SMITH
 NONE

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?
 DONATE TO NON-PROFIT

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

Name of Bank or Depository & Account Number	Mailing Address
IBERIA BANK	5310 ST. RD. 64 EAST BRAD. FL. 34208

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
NONE			24208

STATE OF FLORIDA COUNTY MANATEE

I, BARBARA A. ELLIOTT, certify that the information in this Statement of Organization is complete, true and correct.

Barbara A. Elliott Signature of Chairman of Political Committee

08-26-2016 Date