STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

RECEIVED

2017 MAR - 1 PM 2: 28

MANAILE GOURTY SUPERVISOR OF FLECTIONS

1. Full Name of Committee			Telephone			
STONE SOUP COMMUNITY UNITY PAC			941-587-3244			
Mailing Address (include cit	•					
1420 1ST AVE, W., BRAI	DENTON, FL 34208					
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Street Address (include city,	Street Address (include city, state and zip code)					
SAME AS ABOVE						
2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)						
Name of Affiliated or Connected Organization			Relationship			
RECALL THEM ALL			US-SELF			
BRADENTON						
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3. Area, Scope and Jurisdict	ion of the Committee		S W			
AREA-MANATEE COUNTY,BI		IRISDICTION	7 0			
4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)						
'PEOPLES PAC', EDUCATION, POLITICAL ISSUES, JUSTICE, 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, BRADENTON, FL 34208	TREASU	TREASURER			
BARBARA ELLIOTT	1316 56TH AVE TERRAC E EAST, BRADENTON, FL 34203	CHAIRMA	CHAIRMAN			
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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	ress REC	. V c	mmittee Title or Position		
NONE		PM 2: 28 MANUTEL COUNTY SUPERVISOR OF ELECTIONS				
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 Part		Party		
NONE						
8. List Any Issues this Com	mittee is Supporting: MANA	TEE COUNTY C	HARTE	R GOVERNMENT		
List Any Issues this Committee is Opposing:						
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? AS PER FL STATUTES OR TO CHARITY						
11. List all Banks, Safety Do	eposit Boxes, or Other Depos	sitories Used for Co	mmittee	Funds		
Name of Bank or Depository & Account Number		Mailing Address				
WELLS FARGO		11135 E., ST. RD 70, BRADENTON. FL 34202				
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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						
STATE OF FLORIDA		MANATEE COUNTY				
1, Bappapa A. ELCTOTT certify that the information in this Statement of						
Organization is complete, true and correct.						
X Surbara A. Elliott 03-01-2017 Signature of Chairman of Political Committee Date						

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