

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MANATEE COUNTY
SUPERVISOR OF ELECTIONS

1. Full Name of Committee

TRUMP CLUB MANATEE

Telephone

941 713
2262

Mailing Address (include city, state and zip code)

5112 18TH AVE DR W BRADENTON, FL 34209

Street Address (include city, state and zip code)

SAME

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship

3. Area, Scope and Jurisdiction of the Committee

VOTER REGISTRATION, SUPPORT CANDIDATES

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
ROBIN KEENE	5212 18TH AVE DR W BRADENTON, FL 34209	TREASURER
DONNA HAYES	1272 RIVERSCAPE ST BRADENTON FL 34208	CHAIR

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
MARIE KYLE	PO Box 5834 BRADENTON, FL 34281	VICE CHAIR
LORI MELTON	3503 22ND AVE W BRADENTON, FL 34205	SECRETARY

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

8. List Any Issues this Committee is Supporting: CONSERVATIVE
 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?

DONATE REPUBLICAN EXECUTIVE COMMITTEE

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 BRANES CHECKING ACCT only	

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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

STATE OF FLORIDA COUNTY MANATEE

I, DONNA G. HAYES, certify that the information in this Statement of Organization is complete, true and correct.

X [Signature]
 Signature of Chairman of Political Committee

6/28/17
 Date