

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

RECEIVED

2018 MAR 13 PM 1 15

FREE COUNTY

SECTIONS

1. Full Name of Committee

Telephone

TRUMP COMMITTEE

*941 713
2262*

Mailing Address (include city, state and zip code)

1272 RIVERSIDE ST

GRADYMAN Fm, 34208

Street Address (include city, state and zip code)

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

Name of Affiliated or Connected Organization

Mailing Address

Relationship

NONE

3. Area, Scope and Jurisdiction of the Committee

~~Political~~ *MONROE COUNTY*

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

Full Name	Mailing Address	Committee Title or Position
<i>Donald Hayes</i>	<i>1272 RIVERSIDE ST</i>	<i>CHAIR</i>
<i>Jim Resnick</i>	<i>11419 DORSEY LANE</i>	<i>TREASURER</i>
<i>BRUNO KUCHARSKY</i>	<i>3408 14TH ST</i>	<i>2ND VICE</i>
<i>KEVIN MELTON</i>	<i>3503 22ND AVE W</i>	<i>SECRETARY</i>
<i>BRADLEY KIRKLAND</i>	<i>5402 19TH AVE W</i>	<i>1ST VICE</i>
<i>MARLENE LUNA</i>	<i>3103 DORSEY LANE</i>	<i>ASSN PRESIDENT</i>

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

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			

RECEIVED
 PARTY
 2018
 MAR 13 PM 1 15
 COUNTY
 ELECTIONS

8. List Any Issues this Committee is Supporting: CONSERVATIVE
 List Any Issues this Committee is Opposing: LIBERAL

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?
Monetary Requirements Check

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 STARKS 218	6000 SR 702 BRANDENTON, FL 34269

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 FL COUNTY MANASSA

I, Dennis Hayes, certify that the information in this Statement of Organization is complete, true and correct.

Dennis Hayes Signature of Chairman of Political Committee 3/13/18 Date