STATEMENT OF ORGANIZATION			OFFICE USE ONLY RECEIVED				
OF POLITICAL COMMITTEE		NCUEIVEL/		<i>.</i>			
(PLE	ASE TYPE)	2018 J.	2018 JAN 12 PH 2: 16				
		MANATEE COUNTY SUPERVISOR OF ELECTIONS		Y TIONS			
1. Full Name of Committee FORWARD MANATEE				Telephone 941-725-1377			
Mailing Address (include city 289 Sapphire Lake Dr, Un Bradenton, FL 34209	• •		<b>I</b>				
Street Address (include city, 289 Sapphire Lake Dr, Unit 201 Bradenton, FL 34209	state and zip code)						
2. Affiliated or Connected Or committees)	ganizations (includes other committe	es of contin	uous existenc	e and political			
Name of Affiliated or Connected Organization Mailing		s		Relationship			
NONE							
3. Area, Scope and Jurisdiction of the Committee MANATEE COUNTY, FL							
4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.) Education & Infrastructure							
	and Position, the Custodian of Bool	s and Accou					
Full Name	Mailing Address		Committee Title or Position				
Angela J. Bibler	3412 36th ST E, Bradenton, FL	34208 T	Treasurer				
Philip A. Brown	289 Sapphire Lake Dr, Unit 201 Bradenton, FL 34209	c	Chairman & 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 Addr	ess	Committee Title or Position				
Philip A. Brown	289 Sapphire Lake Dr, I Bradenton, FL 34209		Chairman 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	Office Sou	ught	Party			
none							
8. List Any Issues this Committee is Supporting: referendum for levying one mil ad valorem tax to support							
List Any Issues this Committee is Opposing: 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 distribution 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		Mailing Address					
			L. L.				
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 Off		iling Address			
			CND	<b>6</b>			
STATE OF Florida		Manatee	• • • • • • • • • • • • • • • • • • •				
I, Philip A. Brown , certify that the information in this Statement of							
Organization is complete, true and correct.							
× Philip G. Br 1/12/18							
X Olulis	G. Br		1/12/18	8			

DS-DE 5 (Rev. 06/11) - Rule 1S-2.017