

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

OFFICE USE ONLY

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1. Full Name of Committee

Act Now For Children's Services

Telephone
(352)

275-1177

Mailing Address (include city, state and zip code)

P.O. Box 140841
Gainesville, FL 32614

Street Address (include city, state and zip code)

3500 N.W. 38th St. Gainesville, FL 32606

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

3. Area, Scope and Jurisdiction of the Committee

Support of Children's Services Council ballot initiative.

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

N/A

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

Tom Barnes

P.O. Box 140841
Gainesville, FL
32614

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
Dorothy Benson	P.O. Box 140841 Gainesville, FL 32614	Chair

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
N/A			

8. List Any Issues this Committee is Supporting: Children's Services Council

List Any Issues this Committee is Opposing: NONE

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?

SW Advocacy Group (SWAG)

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

Name of Bank or Depository & Account Number	Mailing Address
Campus USA Credit Union 3522997	1900 7th ^{SW} 34th St Gainesville, FL 32608


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
N/A			

STATE OF FLORIDA COUNTY ALACHUA

I, Dorothy Benson, certify that the information in this Statement of

Organization is complete, true and correct.


Signature of Chairman of Political Committee

7-20-17
Date