

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

OFFICE USE ONLY

(PLEASE TYPE)

## 1. Full Name of Committee

Telephone

REPRESENT ME

3525755707

Mailing Address (include city, state and zip code)

25169 SW 17th AVE Newberry FL 32669

Street Address (include city, state and zip code)

25169 SW 17th AVE Newberry FL 32669

## 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

N/A

N/A

## 3. Area, Scope and Jurisdiction of the Committee

ALACHUA COUNTY

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

POLITICAL / GOVERNMENT / EDUCATIONAL

## 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

RENEE HANCOCK

25169 SW 17th AVE  
NEWBERRY FL  
32669

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
WALT BOYER	25169 SW 17th Ave Newberry FL 32669	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 Sought	Party
N/A	N/A	N/A	N/A

**8. List Any Issues this Committee is Supporting:** SINGLE MEMBER DISTRICTS

**List Any Issues this Committee is Opposing:** N/A

**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?**

DONATE TO LOCAL CHARITY

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

Name of Bank or Depository & Account Number	Mailing Address
CAPITAL CITY BANK	24202 W NEWBERRY RD STE F NEWBERRY FL 32669

**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	N/A	N/A	N/A

STATE OF FLORIDA ALACHUA COUNTY

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

X

WBoyer  
Signature of Chairman of Political Committee

8/18/17  
Date