STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

OFFICE USE ONLY

(PLEASE TYPE)

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1. Full Name of Committee		2020	Jigleppgone 1:37			
Unite Alachua			NA			
Mailing Address (include city, state and zip code)						
14260 W. Newberry Rd. #234, Newberry, FL 32669						
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	The state of the s		Relationship			
None						
3. Area, Scope and Jurisdiction of the Committee						
Countywide elections in Alachua County						
4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)						
Economic						
5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)						
Full Name	Mailing Address	Comr	Committee Title or Position			
Robert Corlett	14260 W. Newberry Rd. #234, Newberry, FL 32669	Chairma	Chairman Treasurer			
Chuck Beer	14260 W. Newberry Rd. #234, Newberry, FL 32669	Treasu				

	and Position, Other Principal (Any (include chairman's name)		licers and Me	mbers of the		
Full Name	Mailing Addr	ess	Committee Title or Position			
Robert Corlett	14260 W Newberry Rd #234, Ne	wberry FL 32669	Chairman			
Chuck Beer	14260 W Newberry Rd #234, Newb	erry FL 32669	Treasurer			
			2020 JU	N 29 AM11:37		
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 Part		Party		
None yet						
8. List Any Issues this Co	mmittee is Supporting: City &	county elections				
List Any Issues this Committee is Opposing: N/A						
9. If this Committee is Su	pporting the Entire Ticket of a l	Party, Give Name of F	Party			
None						
10. In the Event of Dissol	ution, What Disposition will be	Made of Residual Fu	nds?			
Donated to charity						
11. List all Banks, Safety	Deposit Boxes, or Other Depos	itories Used for Com	mittee Funds			
Name of Bank or Depository & Account Number		Mailing Address				
Million along Paralle						
Millennium Bank		7515 SW 24th Ave, Gainesville, FL 32607				
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 0	Official	Mailing Address		
AL/A						
N/A						
STATE OF Florida		Alachua COUNTY				
ı Robert Corlett				Otalamantint		
I, Robert Coriett		, certify that the info	ormation in this	Statement of		
Organization is complete, t	rue and correct.					
X Robert Corlett		Jun 18, 2020				
Signature of Chairman of Political Committee		Date				