## STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

2013 DEC 12 PM 4: 32

OFFICE USE ONLY

(PLEASE TYPE)

1. Full Name of Committee

OF ELECTIONS

Telephone

CHARLOTTE MAKES CENTS  Mailing Address (include city, state and zip code)  133 S. HARBOR DRIVE VENICE FL 34285  Street Address (include city, state and zip code)  133 S HARBOR DRIVE VENICE FL 34285  2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)  Name of 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  POLITICAL COMMITTEE TO SUPPORT OR OPPOSE BALLAOT ISSUES IN CHARLOTTE COUNTY  POLITICAL COMMITTEE TO SUPPORT OR OPPOSE CANDIDATES IN CHARLOTTE 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  ERIC ROBINSON  133 S HARBOR DRIVE VENICE FL 34285							
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111-110011-11	Full Name	Mailing Address	Comm	ittee Title or Position			
	ERIC ROBINSON		TREASU	RER			

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	ress	Co	Committee Title or Position		
W. KEVIN RUSSELL	133 S HARBOR DRIVE VENICE FL 34285		CHAIRI	CHAIRMAN		
ERIC ROBINSON				TREASURER		
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	Office Sought Party			
TO BE DETERMINED				2013		
8. List Any Issues this Com	nmittee is Supporting: TO BE	F DETERMINED		DEC.		
List Any Issues this Committee is Opposing: TO BE DETERMINED						
9. If this Committee is Sup	9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party					
N/A				57 E		
10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?  WILL CONTRIBUTE TO POLITICAL COMMITTEES OR OTHER ACTIVITIES NOT PROHIBITED BY CHAPTER 106, FL STATUTE						
11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds						
Name of Bank or Depos	sitory & Account Number		Mailing	Address		
SUNTRUST BANK		200 S NOKOMIS AVE VENICE FL 34285				
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	f Official	Mailing Address		
8871 1120POL 990	UPON FORMATION MAR 15-ANNUALLY MAY 15-ANNUALLY	INTERNAL REVENUE SER	VICE	OGDEN UT 84201		
STATE OF FLORIDA		SARASOL	a	COUNTY		
I, W. Kevi N Russell , certify that the information in this Statement of						
Organization is complete, true and correct.  X Signature of Chairman of Political Committee  12/12/13  Date						