STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

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1. Full Name of Committee			Telephone				
Vote Yes for Success !			239-598-3601				
Mailing Address (include cit	y, state and zip code)						
PO Box 510213							
Punta Gorda, Fl 33951-0213							
Street Address (include city,	state and zip code)						
201 W Marion Ave Suite	: 1204						
Punta Gorda, FI 33950							
2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)							
Name of Affiliated or Connected Organization	Mailing Address	Mailing Address					
None	n/a	n/a					
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3. Area, Scope and Jurisdiction of the Committee							
Political Action in support	of referendum to raise ad valorem	real property tax	es				
4. Nature of Organization or	Organization's Special Interest (e.g., m	nedical, legal, educa	ation, etc.)				
Education							
5. Identify by Name, Address	and Position, the Custodian of Books	and Accounts (inc	lude treasurer's name)				
Full Name	Mailing Address	Com	Committee Title or Position				
Sue Sifrit	PO Box 510213 Punta Gorda, Fl	l Chair	Chair				
Jacoph Cahartz	201 W. Marion Ave Suite 1204	1 W. Marion Ave Suite 1204 Treasurer					
Joseph Schortz	Punta Gorda, FI 33950	Heasure	1				
	l dilla Gorda, F. Good						

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 Add	dress Cor		mmittee Title or Position		
Derek Rooney	1401 Dean Street Suit Ft Myers, Florida 33901	Agent record to	Registere Advisor	Registered Agent / Legal Advisor		
Sue Sifrit	PO Box 510213 Punta	Gorda, FI	Deputy tr	reasurer		
	s, Office Sought and Party Affili ing (if none, please indicate)			Individual that this		
Full Name	Mailing Address	Office	Sought	Party		
None	n/a	n/a		n/a		
8. List Any Issues this Co	ommittee is Supporting: Ad v	/alorem real prope	rty tax incr	rease for school district		
List Any Issues this Co	ommittee is Opposing: None					
A SERVICE CONTROL OF THE SERVICE CONTROL OF T	upporting the Entire Ticket of a	Party, Give Name of	f Party			
N/A				ti		
10. In the Event of Disso	lution, What Disposition will be	Made of Residual F	unds?			
Doonated to the Charle	otte Local Education Founda	ation, a Florida no	t-for-profit	it		
11. List all Banks, Safety	Deposit Boxes, or Other Depos	sitories Used for Co	mmittee Fu	unds		
Name of Bank or Der	pository & Account Number		Mailing Ad	ddress		
Bank of the Ozarks 3855 Tamiami Ti						
		Punta Gorda, FI	33950			
12. List all Reports Requi and Positions of Suc	ired to be Filed by this Committ h Officials, If Any	tee with Federal Offi	icials and t	he Names, Addresses		
Report Title	Dates Required to be Filed	Name & Position of	f Official	Mailing Address		
N/A	N/A	N/A	N	N/A		
7						
Elorido		Charle	440			
STATE OF Florida		Charlo	nie	COUNTY		
, Sue Sifrit	Sue Sifrit , certify that the information in this Statement of					
Organization is complete, t	Organization is complete, true and correct.					
X She s	Sixit	ľ	May 25,	2018		
Signature of Chairman of Political Committee Date						