STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

RECEIVED

NOV 1 2 2019

CITRUS COUNTY ELECTIONS

Full Name of Committee Citrus Law & Order	Telephone 352-228-8049				
Mailing Address (include city 589 E Gulf to Lake Hwy, L		***************************************			
Street Address (include city, 589 E Gulf to Lake Hwy, L		-			
Affiliated or Connected Or committees)	ganizations (includes other committe	tees of continuous existence and political			
Name of Affiliated or Connected Organization	Mailing Addres	ess Relationship			
N/A	N/A	N/A			
		olitical office within Citrus County, FL, by ch. 106 F.S.			
4. Nature of Organization or (Political	Organization's Special Interest (e.g.,	, medical, legal, education, etc.)			
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			
Robert Winsler	133 N Golf Course Dr, Crystal R 34429	River, FL 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		ess	Committee Title or Position			
Michael Prendergast	PO Box 1753, Lecanto,	PO Box 1753, Lecanto, FL 34460		Chairman RECEIVED		
				NOV 1 2 2019		
			CITRUS COUNTY ELECTIONS			
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 C	ommittee is Supporting: TBD					
List Any Issues this Committee is Opposing: TBD						
9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party Republican						
10. In the Event of Disco	lution What Disposition will be	Made of Posidual E	undo?			
10. In the Event of Dissolution, What Disposition will be Made of Residual Funds? Contributed to a 501(c)3 nonprofit organization						
11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds						
Name of Bank or Depository & Account Number		Mailing Address				
Suntrust		408 US Hwy 41 S, Inverness, FL 34450				
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 o	f Official	Mailing Address		
Form 8871	Upon formation	Internal Revenue Service	e	Ogden, UT		
Florida		Citrus COUNTY				
STATE OF Florida Citrus COUNTY						
I, Michael Prendergast , certify that the information in this Statement of						
Organization is complete, true angreorrect.						
X Mile transport 10/29/19				/19		
Signature of Chairman of Political Committee Date						