

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

INDIAN RIVER COUNTY
2019 APR 17 PM 2:50

1. Full Name of Committee <p style="font-size: 1.2em; margin: 0;">IRNA Political Committee</p>	Telephone
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Mailing Address (include city, state and zip code)

PO Box 643868, Vero Beach, FL 32964

Street Address (include city, state and zip code)

2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

Name of Affiliated or Connected Organization	Mailing Address	Relationship
Indian River Neighborhood Assoc.	P.O. Box 643868 Vero Beach, FL 32964	Sister Organization

3. Area, Scope and Jurisdiction of the Committee

4. Nature of Organization or 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
Sharon W. Gorry	2075 37th Ave - Vero Beach, FL 32960	Executive Asst Deputy 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
Herb Whittall	19 Park Ave. Vero Beach, FL 32960	Chair

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
None			

8. List Any Issues this Committee is Supporting: None

List Any Issues this Committee is Opposing:

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party

10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?

Donated to affiliated organization

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


Name of Bank or Depository & Account Number	Mailing Address

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

STATE OF Florida

Indian River COUNTY

 certify that the information in this Statement of

Organization is complete, true and correct.

X


Signature of Chairman of Political Committee

4/8/2019
Date