STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

SUPERVISOR OF ELECTIONS

2017 AUG 28 PM 3: 56

1. Full Name of Committee		Telephone						
Florida Young Democrats		850-832-1589						
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Mailing Address (include cit	tv sta	ate and zin code)						
Mailing Address (include city, state and zip code) P.O. Box 650262, Vero Beach, FL 32965								
1 . O. BOX 000202, VOIO B	,cuo:	1, 1 2 02000						
Street Address (include city,	state	and zip code)						
4325 US HWY 1, Vero Be	each	, FL 32960						
2 Affiliated or Connected O	raoni	zations (includes other committees of co	ntinuouo o	intones and nalitical				
committees)	ıyaııı	zations (includes other committees of co	iitiiiuous ex	isterice and pontical				
Name of Affiliated or								
Connected Organization		Mailing Address		Relationship				
Florida Young Democrats		301 NW Hogan Street, Port St. Lucie, FL 34983		Chapter				
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3. Area. Scope and Jurisdict	ion o	f the Committee						
3. Area, Scope and Jurisdiction of the Committee Indian River County, Florida								
4. Nature of Organization or	Orga	nization's Special Interest (e.g., medical,	legal, educa	ation, etc.)				
Local Politic	al	Action Group						
Local Politic	aı	Action Group						
5. Identify by Name, Address	and	Position, the Custodian of Books and Ac	counts (inc	lude treasurer's name)				
Full Name		Mailing Address	Committee Title or Position					
Elias Nystrom 51		19 53rd Sq., Vero Beach, FL 32968		Treasurer				
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	nd Position, Other Principal ny (include chairman's name		Officers and Men	nbers of the			
Full Name	Mailing Add	Iress	Committee Title or Position				
Megan Hoots	1001 Royal Palm Blvd. 32960	, Vero Beach, FL	Chairman				
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			
8. List Any Issues this Committee is Supporting:							
List Any Issues this Committee is Opposing:							
9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party Democratic Party							
10. In the Event of Dissolution, What Disposition will be Made of Residual Funds? The money will go to the Indian River Democratic Executive Party							
11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds							
Name of Bank or Depos	Mailing Address						
Bank of America	601 21st Street, Vero Beach, FL						
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 M	lailing Address			
STATE OF Florida	Indian River COUNTY						
_{I,} Megan Hoots	_ , certify that the information in this Statement of						
Organization is complete, true	and correct.						
X Signature of Cha	airman of Political Committee	8/23/17 Date					