

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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SUPERVISOR OF ELECTIONS
MARION COUNTY, FLORIDA

1. Full Name of Committee

UNITED STATES PAIN ALLIANCE

Telephone

352-208-3635

Mailing Address (include city, state and zip code)

3110 SE 38 ST OCALA,FL 34480

Street Address (include city, state and zip code)

3110 SE 38 ST OCALA,FL 34480

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

Name of Affiliated or
Connected Organization

Mailing Address

Relationship

N/A - NONE

3. Area, Scope and Jurisdiction of the Committee

LOCAL, STATE AND NATIONAL

4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)

HUMAN RIGHTS, VICTIM/PATIENT RIGHTS

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

D SCOTT CORDREY

3110 SE 38 ST OCALA,FL 34480

FOUNDING
CHAIRMAN/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
N/A - NONE		

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 - NONE			

8. List Any Issues this Committee is Supporting: PAIN VICTIMS RIGHTS, DISABLED VICTIMS RIGHTS,
List Any Issues this Committee is Opposing: HUMAN RIGHTS, RESEARCH AND LEGISLATION
 SUPPORTING THESE RIGHTS

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

NONE

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

ACLU/EUROPEAN PAIN ALLIANCE

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

Name of Bank or Depository & Account Number	Mailing Address
FLORIDA CITIZENS BANK	720 S PINE AVE OCALA,FL 34471

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
N/A - NONE			

STATE OF FLORIDA MARION COUNTY

I, D SCOTT CORDREY, certify that the information in this Statement of

Organization is complete, true and correct.

X 
 Signature of Chairman of Political Committee

9/23/2015
 Date