

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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SUPERVISOR OF ELECTIONS  
MARION COUNTY, FLORIDA

## 1. Full Name of Committee

Citizens Encouraging Progress, Inc.

## Telephone

352/629-8051

Mailing Address (include city, state and zip code)

310 SE 3rd Street  
Ocala, FL 34471

Street Address (include city, state and zip code)

310 SE 3rd Street  
Ocala, Florida 34471

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship
Ocala-Marion County Chamber of Commerce, Inc.	310 SE 3rd Street Ocala, FL 34471	Affiliated Organization

## 3. Area, Scope and Jurisdiction of the Committee

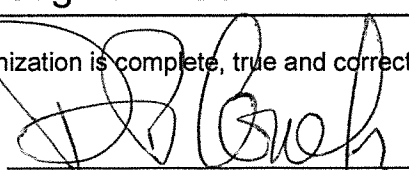
Countywide issue political committee to advance a positive business climate

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

Political

## 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
Carolyn K. Roberts William Thames Dianne Phipps Tamara L. Fleischhaker	310 SE 3rd Street Ocala, FL 34471	Treasurer Deputy Treasurer Deputy Treasurer Deputy Treasurer

<b>6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)</b>			
Full Name	Mailing Address	Committee Title or Position	
Douglas P. Cone Navroz Saju David M. Harden	310 SE 3rd Street Ocala, FL 34471	Chair Vice Chair Secretary	
<b>7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)</b>			
Full Name	Mailing Address	Office Sought	Party
N/A			
<b>8. List Any Issues this Committee is Supporting:</b> Marion County One Percent (1%) Public Safety and Transportation Infrastructure Sales Tax Referendum <b>List Any Issues this Committee is Opposing:</b> To be determined			
<b>9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party</b>			
N/A			
<b>10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?</b>			
Disposition of funds will be made to IRS Code 501(c)(6) non-profit organization; other actions not prohibited by law			
<b>11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds</b>			
Name of Bank or Depository & Account Number	Mailing Address		
Renasant Bank	1409 E Silver Springs Boulevard Ocala, FL 34470		
<b>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</b>			
Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
Form 1120POL, Form 990, as may be required	March 15, annually March 15, annually	Internal Revenue Service	Internal Revenue Service Center Ogden, UT 84201-0027
STATE OF <u>Florida</u> <u>Marion</u> COUNTY			
I, <u>Douglas P. Cone</u> , certify that the information in this Statement of Organization is complete, true and correct.			
<b>X</b>  Signature of Chairman of Political Committee		<u>12/23/15</u> Date	