

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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SUPERVISOR OF ELECTIONS
MARION COUNTY, FLORIDA

1. Full Name of Committee

Committee to Improve Marion County

Telephone

352.
427-9858

Mailing Address (include city, state and zip code)

5184 SE 20th ST Ocala FL 34480

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

3. Area, Scope and Jurisdiction of the Committee

Political

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
SUE M. MOSLEY	5184 SE 20 th ST Ocala FL 34480	TREAS.

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
SUE M. MOSLEY	5184 SE 20 th ST Ocala FL 34480	Treas

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: Government Issues in Marion County
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?

Refund Donors

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

Name of Bank or Depository & Account Number	Mailing Address
Regions Bank	2734 SE 17 th St Ocala FL 34480

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 COUNTY Marion

I, SUE M. MOSLEY, certify that the information in this Statement of Organization is complete, true and correct.

X Sue M. Mosley
Signature of Chairman of Political Committee

2/13/18
Date