

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

OFFICE USE ONLY

RECEIVED
2021 SEP 16 11 08:00
MARION COUNTY
CLERK OF COUNTY

1. Full Name of Committee
Committee to Improve Marion County

Telephone
3524279898

Mailing Address (include city, state and zip code)
PO Box 811 Ocala FL 34478

Street Address (include city, state and zip code)
5184 SE 20th 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		

3. Area, Scope and Jurisdiction of the Committee
Local Politics

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 Mosley	5184 SE 20th st Ocala FL 34480	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

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: local politics

List Any Issues this Committee is Opposing:

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

no

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

charity

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 #0311005289	612 Silver springs Blvd Ocala Fl 34470

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 Marion COUNTY

I, Sue 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

9/15/21
Date