

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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SUPERVISOR OF ELECTIONS  
MARION COUNTY, FLORIDA

**1. Full Name of Committee**

YES FOR MARION SCHOOLS

**Telephone**

352-629-6556

**Mailing Address (include city, state and zip code)**

OCALA, FL 34471

**Street Address (include city, state and zip code)**

50 SE 16TH AVE

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship
<i>N/A</i>		

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

*Serving Marion County*

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

*raise funds for Marion County Schools, And Future funds to help Teachers & Students*

**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
Katherine Guyton	50 SE 16th Ave Ocala, FL 34471	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
Jennifer Hatchett	1344 SE 14 <sup>th</sup> Street, Ocala, FL 34471	Chair

**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:** *Class Size, Art, Vocational Programs*

**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?** *Donate to*

*Marion County Schools*

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

Name of Bank or Depository & Account Number	Mailing Address
Harbor Community Bank Act# 11440179	4201 E 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 COUNTY Marion

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

*Jennifer M. Hatchett*  
Signature of Chairman of Political Committee

3/28/18  
Date