STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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BRIAN E CORLEY
SUPERVISOR OF ELECTIONS
THE WITCH TREAT FLORIDA

1. Full Name of Committee Pasco Citizens Committee			Telephone 727-389-3010		
Mailing Address (include city, state and zip code) P.O. Box 2017 New Port Richey, FL 34656					
Street Address (include city, state and zip code) N/A					
2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)					
Name of Affiliated or Connected Organization			Relationship		
N/A					
3. Area, Scope and Jurisdiction of the Committee Pasco County Florida					
4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.) Local Optional Sales Tax					
5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)					
Full Name	Mailing Address	Com	mittee Title or Position		
Michel Cox William Shustowski Bruce Mills	5709 Tidalwave Dr. New Port Richey, FL 34652 6320 Spoonbill Dr. New Port Richey, FL 34652 10010 Burbank Ct. New Port Richey, FL 34654	Chairman Co-Chair 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 Addr	ress Con	nmittee Title or Position		
Same as #5					
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					
8. List Any Issues this Committee is Supporting: Renewal of the optional local sales tax known as Penny for Pasco List Any Issues this Committee is Opposing: None					
9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party N/A					
10. In the Event of Dissolution, What Disposition will be Made of Residual Funds? Return proportionally to donors					
11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds					
Name of Bank or Depository & Account Number Mailing Address			and the same of th		
Regions Bank Acct #: 51188929		3242 Little Road Trinity, FL 34655			
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					
STATE OF Florida		Pasco county			
I, Michael Cox , certify that the information in this Statement of			າ in this Statement of		
Organization is complete, true and correct.		03/03/2022			
Signature of Chairman of Political Committee		Date			