## STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

1. Full Name of Committee

**OFFICE USE ONLY** 

Telephone

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22 NOV 29 PM 1:40

FRIAN F CORLEY

RELYTELE OF ELECTIONS

RESTRICTED FROM THE FROM TH

Pasco Citizens Committee			727-389-3010
Mailing Address (include city, P.O. Box 2017 New Port Richey, FL 3465			
Street Address (include city, s	state and zip code)		
2. Affiliated or Connected Org committees)	ganizations (includes other committees of con	tinuous exi	stence and political
Name of Affiliated or Connected Organization	Mailing Address		Relationship
	ion of the Committee Organization's Special Interest (e.g., medical, I	egal, educa	ntion, etc.)
Local Optional Sales Tax			
	and Position, the Custodian of Books and Ac		
Full Name	Mailing Address		mittee Title or Position
Michael 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	Chairmar Co-Chair Treasure	r

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 Addre	ess Cor	nmittee Title or Position		
Same as #5	22 NOV 29 PM 1: 41  ERVAN F CORLEY  DELVICER OF LLECTIONS  FLORIBA				
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 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?  Donations to 501(c)(3) registered charities					
11. List all Banks, Safety [	Deposit Boxes, or Other Depos	itories Used for Committee	Funds		
Name of Bank or Depository & Account Number		Mailing Address			
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					
Organization is complete true and correct.					
X ///		11/29/2022			
Signature of 0	Chairman of Political Committee	Date			