

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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SUPERVISOR OF ELECTIONS
ELECTION SERVICE CENTER

1. Full Name of Committee

Friends of GreenLight

Telephone

(813) 731-8194

Mailing Address (include city, state and zip code)

2655 Ulmerton Road, #415
Clearwater, FL 33762

Street Address (include city, state and zip code)

2655 Ulmerton Road, #415
Clearwater, FL 33762

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship
Tampa Bay Partnership for Regional Economic Development, Inc.	4300 W. Cypress Street Suite 700 Tampa, FL 33607	Member of committee organizers and coalition group

3. Area, Scope and Jurisdiction of the Committee


Pinellas County

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

Transportation

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
Joel Giles	4221 W Boy Scout Blvd, Ste 1000 Tampa, FL 33607	Chair
Stuart L. Rogel	4300 W. Cypress Street, Ste 700 Tampa, FL 33607	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	
Chris Steinocher Don Ewing Tom Morrisette Bob Clifford Joe Farrell	100 2nd Ave North, #150, St. Pete, FL 33701 PO Box 16957 Clearwater, FL 33766 151 3rd St. NW, Largo, FL 33770 600 Cleveland St. #200, Clearwater, FL 33755 360 Central Ave., Ste 1500, St. Pete, FL 33701 4590 Ulmerton Rd, Clearwater, FL 33762	Director Director Director Director Director Director, Deputy Treasurer	
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
NONE			
8. List Any Issues this Committee is Supporting: Countywide Transportation Sales Tax Initiative List Any Issues this Committee is Opposing: NONE			
9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party NONE			
10. In the Event of Dissolution, What Disposition will be Made of Residual Funds? Donation to a legally registered charity			
11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds			
Name of Bank or Depository & Account Number		Mailing Address	
SunTrust Bank		500 N Westshore Blvd, Suite 100 Tampa, FL 33609	
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
NONE	NONE	NONE	NONE
STATE OF <u>Florida</u> <u>Pinellas</u> COUNTY I, <u>Joel Giles</u> , certify that the information in this Statement of Organization is complete, true and correct. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  Signature of Chairman of Political Committee </div> <div style="text-align: center;"> <u>3/2/14</u> Date </div> </div>			