

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

RECEIVED

MAY 20 2019

GERTRUDE WALKER
SUPERVISOR OF ELECTIONS, ST LUCIE CO.

1. Full Name of Committee

Empower St. Lucie

Telephone

772-237-0984

Mailing Address (include city, state and zip code)

PO Box 7321, Port St. Lucie, FL 34985

Street Address (include city, state and zip code)

844 SW Tulip Blvd, Port St. Lucie, FL 34953

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

Name of Affiliated or
Connected Organization

Mailing Address

Relationship

None

3. Area, Scope and Jurisdiction of the Committee

To educate St. Lucie voters & advocate for a charter county structure that empowers residents through increased representation, local citizen initiatives, nonpartisan local elections, and increased local control of our community. Additionally, we will advocate for small business, lower property tax rates, clean water issues, workforce training, and any issue that empowers St. Lucie businesses, families, and individuals to succeed and thrive. Finally, our committee will educate citizens on where candidates & elected officials stand on these important issues.

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

Political - St. Lucie County Government Reform

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

Anthony Bonna

844 SW Tulip Blvd., Port St. Lucie, FL
34953

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
Anthony Bonna	844 SW Tulip Blvd, Port St. Lucie, FL 34953	Chairman

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	None	None	None

8. List Any Issues this Committee is Supporting: St. Lucie charter government, non-partisan local elections, clean water, low taxes, workforce training, and other issues to be determined.
List Any Issues this Committee is Opposing: To be determined.

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?

Funds will be donated to candidates, clubs, or local nonprofits and/or returned to donors on a pro-rated basis.

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

Name of Bank or Depository & Account Number	Mailing Address
Intend to open account at CenterState Bank - Downtown Fort Pierce	200 S. Indian River Dr, Ste. 100, Fort Pierce, FL 34950-4387

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			

STATE OF Florida St. Lucie COUNTY

I, Anthony Bonna, certify that the information in this Statement of Organization is complete, true and correct.

X

Anthony L Bonna
Signature of Chairman of Political Committee

05/16/2019

Date