

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

RECEIVED
MAY 11 2020
City of Sebastian
City Clerk's Office

1. Full Name of Committee

Sebastian Voters Against Gilliams and Parris

Telephone

661-713-1793

Mailing Address (include city, state and zip code)

491 Thomas Street
Sebastian, FL 32958

Street Address (include city, state and zip code)

491 Thomas Street
Sebastian, FL 32958

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship
--none--	--none--	--none--

3. Area, Scope and Jurisdiction of the Committee

Political committee supporting only municipal issues.

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

The recall of Sebastian City Council members Damien Gilliams, Pamela Parris, and Charles Mauti

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
Michael Goodfellow	Sebastian, FL 32958	Secretary/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
Tracey Cole	491 Thomas St., Sebastian, FL 32958	Chair
Christopher Nunn	709 Jordan St., Sebastian, FL 32958	Co-Chair
Bill Flynn	371 Main St., Sebastian, FL 32958	Co-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
-none-	-none-	-none-	-none-

8. List Any Issues this Committee is Supporting: The recall of City Council members Damien Gilliams, Pamela Parris, and Charles Mauti
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?

Donated to a local non-profit

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

Name of Bank or Depository & Account Number	Mailing Address
	Sebastian, FL 32958

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 Florida Indian River COUNTY

I, Tracey Cole, certify that the information in this Statement of

Organization is complete, true and correct.

X Tracey Cole
 Signature of Chairman of Political Committee

May 11, 2020
 Date