

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

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

1. Full Name of Committee Sebastian Voters Against Gilliams and Parris	Telephone 661-713-1793
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Mailing Address (include city, state and zip code)
 491 Thomas Street
 Sebastian, Florida 32958

Street Address (include city, state and zip code)
 491 Thomas Street
 Sebastian, Florida 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 Damiem Gilliams and Pamela Parris

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
Tracey Cole	491 Thomas St, Sebastian, FL 32958	Chair
Christopher Nunn	709 Jordan Ave, Sebastian, FL 32958	Co-Chair
William Flynn	371 Main Street, Sebastian, FL 32958	Co-Chair
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
--None--	--None--	--None__

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 Sebastian City Council members Damien Gilliams and Pamela Parris
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 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 COUNTY INDIAN RIVER

I, Tracey L Cole, certify that the information in this Statement of Organization is complete, true and correct.

X Jacquet Cole
 Signature of Chairman of Political Committee

3/11/2020
 Date