

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

OFFICE USE ONLY

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NOV 17 2017
City Auditor & Clerk

1. Full Name of Committee

Decide the Date Sarasota

Telephone

941-928-3941

Mailing Address (include city, state and zip code)

1945 Fruitville Rd Sarasota, FL 34236

Street Address (include city, state and zip code)

1945 Fruitville Rd Sarasota, FL 34236

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

Name of Affiliated or
Connected Organization

Mailing Address

Relationship

N/A

3. Area, Scope and Jurisdiction of the Committee

City of Sarasota ^{MG}

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

Political

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

Kevin Cooper

1945 Fruitville Rd.
Sarasota, FL 34236

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
Larry Eger	1945 Fruitville Rd. Sarasota, FL 34236	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
To Be Determined			

8. List Any Issues this Committee is Supporting: 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
 N/A

10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?
 Contribute to Candidates, Political Parties, Political Committees

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	1670 South Venice Bypass Venice, FL 34293

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
Form 8871 Form 1120 POL Form 990 As May Be Required	Upon Formation Mar 15-Annually May 15-Annually	Internal Revenue Serviec	Ogden, UT 84201

STATE OF Florida Sarasota COUNTY

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

X  Signature of Chairman of Political Committee Nov. 17, 2017 Date


**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR
POLITICAL COMMITTEES**
(Sections 106.011(1) and 106.021(1), F.S.)

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CHECK APPROPRIATE BOX:

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Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization Decide the Date Sarasota		2. Telephone (941) 928-9341 ^{3941 Mg}	
3. Name of Treasurer or Deputy Treasurer Kevin Cooper		4. Email (optional)	
		5. Telephone (optional) (941) 928-9341 ^{3941 Mg}	
6. Mailing Address 1945 Fruitville Rd. Sarasota, FL 34236			
7. Street Address 1945 Fruitville Rd. Sarasota, FL 34236			
8. The following bank has been designated as the <input type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank Suntrust		10. Street Address 1670 South Venice Bypass	
11. City Venice		12. State FL	13. Zip Code 34293
14. Signature of Chairman X 		15. Name of Chairman (Print or Type) 34293	

Campaign Treasurer's Acceptance of Appointment

I, Kevin Cooper

, do hereby accept the appointment as

(Please Print or Type)

treasurer or deputy treasurer for

Decide the Date Sarasota

(Committee or Organization)

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

17 November 2017
Date

X


Signature of Campaign Treasurer or Deputy Treasurer

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**
(Section 106.022, F.S.)

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- Original Appointment Change of Appointment
 Change of Mailing Address Change of Physical Address

Registered Agent and Office Information

Name Larry Eger		Telephone 941-928-9347-3941
Street Address 1945 Fruitville Rd.		
City Sarasota	State FL	Zip Code 34236
Mailing Address 1945 Fruitville Rd		
City Sarasota	State FL	Zip Code 34236

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.

Signature of Registered Agent

Date

Nov. 17, 2017

Former Registered Agent and Office Information (for changes only)

Name		Telephone
Street Address		
City	State	Zip Code

Committee or Organization Information

Name of Committee or Organization Decide the Date Sarasota		
Street Address 1945 Fruitville Rd		Telephone 941-928-3941
City Sarasota	State FL	Zip Code 34236

Signature of Chairperson

Larry Eger

Printed Name of Chairperson

Date

Nov. 17, 2017