

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

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MAR 06 2018

CITY OF MARCO ISLAND

1. Full Name of Committee

Our City Our Ambulances

Telephone

Mailing Address (include city, state and zip code)

P.O. Box 891

Street Address (include city, state and zip code)

Marco Island, FL 34146

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

Name of Affiliated or
Connected Organization

Mailing Address

Relationship

3. Area, Scope and Jurisdiction of the Committee

Ambulance Service for Marco Island

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

Medical

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

John Coff

1069 BALD EAGLE DR.
UNIT 1002
MARCO ISLAND, FL
34145

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
Dr. Gerald Swiacki	667 Thrush Ct, Marco Island, FL 34145	Chairman
Allen W. Merriam III	1642 Barbosa Ct. Marco Island, FL 34145	Vice Chairman
John Coff	1069 BALD EAGLE DR #1002 MARCO ISLAND FL	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

8. List Any Issues this Committee is Supporting: *The City of Marco Island should obtain its own ambulance service*
 List Any Issues this Committee is Opposing:

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party

10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?

Refund to Donors or Donate to Charitable Causes

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

Name of Bank or Depository & Account Number	Mailing Address
IBERIA BANK #20001509217	605 Bald Eagle Dr. Marco Island, FL 34145

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

STATE OF Florida Collier COUNTY

I, Gerald R. Swiacki, certify that the information in this Statement of

Organization is complete, true and correct.

X

Gerald R. Swiacki
 Signature of Chairman of Political Committee

3/6/18
 Date