STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY



DEC 10 2020

CITY OF MARCO ISLAND

1. Full Name of Committee	Telephone				
CITIZEN	S FOR A BETTER MA	RCO (815)441-7452			
Mailing Address (include city, state and zip code)					
P.O Box 231 Marco Island. Fl 34146					
Street Address (include city, state and zip code)					
1500 BISCAYNE WAY, MARCO ISLAND, FL 34145					
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					
Protecting the needs and goal these dents of Marco Islands					
4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)					
POLITICAL ACTION COMMITTEE					
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			
LINDA GOSLEE	1235 TREASURE CT MAKCO ISLAND, FL	TREASURER			
	34145				

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		
CHRISTINE DOWELL	- 1500 BISCAYNEWAY, 34145	1500 BISCAYNEWAY, MARCOISLAND, FL 3445 1111 SAN MARCORD		CHAIRMAN		
TERESE SOMMERFE	III SAN MARCORD	MARCO ISLAND, FL		SECRETARY		
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	Mailing Address Office		Party		
MONE						
8. List Any Issues this Committee is Supporting: Common Super Solutions of resedents 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 Dissolu	ition, What Disposition will be	Made of Residual Fu	unds?			
WILL BE DONA	TED TO MARCO ISLA	WD HISTORICA	L MUSEU	М.		
11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds						
Name of Bank or Depository & Account Number		Mailing Address				
WELLS FARGO BANK		1090 N. COLLIER BLVD.				
		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 M	lailing Address		
NONE.						
STATE OF FLORIDA		COLLIER COUNTY				
1, CHUSTINE DO	, certify that the information in this Statement of					
Organization is complete, true and correct.						
X Christine		11-11-20				
Signature of C	Date					