

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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FEB 02 2022

CITY OF MARCO ISLAND

**1. Full Name of Committee**  
Take Back Marco (PAC)

Telephone  
(239) 389-0396

Mailing Address (include city, state and zip code)  
Take Back Marco PAC  
P.O. Box 1310  
Marco Island, FL 34146

Street Address (include city, state and zip code)  
Take Back Marco PAC  
908 South Joy Circle  
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**

Pass an Ordinance to Enact a Single Family Home Vacation Rental Registration Program

**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
Amadeo Petricca	331 Regatta Street Marco Island, FI 34145	Treasurer

<b>6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)</b>			
Full Name	Mailing Address	Committee Title or Position	
Edgar Issler	908 South Joy Circle, Marco Island, FI 34145	Chairman	
Virginia Bingle	1136 Bald Eagle Dr. #102, Marco Island, FI 34145	Secretary	
<b>7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)</b>			
Full Name	Mailing Address	Office Sought	Party
None			
<b>8. List Any Issues this Committee is Supporting: Enact a Single Family Home Vacation Rental Registration Program</b>			
List Any Issues this Committee is Opposing:			
<b>9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party</b>			
N/A			
<b>10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?</b>			
Will be donated to local charity			
<b>11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds</b>			
Name of Bank or Depository & Account Number		Mailing Address	
IBERIA BANK		605 Bald Eagle Drive Marco island, FL 34145	
<b>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</b>			
Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
None			
STATE OF <u>Florida</u>		<u>Collier</u> COUNTY	
I, <u>Edgar Issler</u> , certify that the information in this Statement of			
Organization is complete, true and correct.			
<input checked="" type="checkbox"/> <u>Edgar Issler</u>		<u>2/1/2022</u>	
Signature of Chairman of Political Committee		Date	