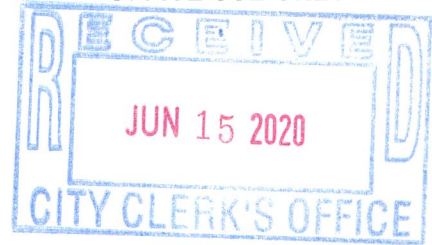


STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY



1. Full Name of Committee FRIENDS OF Ft. Pierce	Telephone 772-242-4357
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Mailing Address (include city, state and zip code)
 P.O. Box 651114 Vero Beach, FL 32965

Street Address (include city, state and zip code)
 2001 9th Ave Vero Beach, FL 32960

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
 City of Ft. Pierce

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

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
Charles Wilson	P.O. Box 651114 Vero Beach FL 32965	Treasurer / Chairman

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
Charles Wilson	P.O. Box 651114 Vero Beach, FL 32965	Chairperson

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
UNDECIDED			

8. List Any Issues this Committee is Supporting: TO BE DETERMINED

List Any Issues this Committee is Opposing: Election of Rick Reed or Reggie Sessions

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

NO

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

DONATED

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

Name of Bank or Depository & Account Number	Mailing Address
SUN BANK	800 43rd Ave. S.W.

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

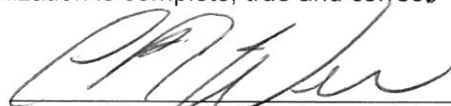
Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
Monthly	July 10 Oct. 10 Aug. 10 Nov. 1 Sept. 10 ATTACHED	LINDA COX Clerk City of Ft. Pierce	100 N. U.S. 1 Ft. Pierce, FL 34950

STATE OF FLORIDA Indian River COUNTY

I, Charles R. Wilson, certify that the information in this Statement of

Organization is complete, true and correct.

X



Signature of Chairman of Political Committee

6/15/20
Date