STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

CITY CLERK
2016 OCT 25 PM 12:05:42
CITY OF NORTH PORT

1. Full Name of Committee
Citizens for Accountability

Telephone
941.421.8853

Mailing Address (include city, state and zip code)
1331 Ronald Street, North Port, FL 34286

Street Address (include city, state and zip code)
1331 Ronald Street, North Port, FL 34286

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 North Port, Florida

4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)
Create citizen awareness of local issues and accountability within local government.

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
Deborah McDowell	1331 Ronald Street, North Port FL 34286	Committee Chair
Pamela A. Tokarz	5903 Reisterstown, North Port, FL 34291	Treasurer

(continued on reverse side)

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
n/a		

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
n/a			

8. List Any Issues this Committee is Supporting: n/a

List Any Issues this Committee is Opposing: n/a

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?

Funds will be distributed to North Port local non-profit(s) of committee's choice

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

Name of Bank or Depository & Account Number	Mailing Address
BMO Bank N.A.	1777 Tamiami Trail, Port Charlotte, FL 33948

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
n/a			

STATE OF Florida Sarasota COUNTY

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

X Deborah McDowell
Signature of Chairman of Political Committee

10/16/25
Date