

STATE OF FLORIDA  
APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR POLITICAL COMMITTEES  
AND ELECTIONEERING COMMUNICATION  
ORGANIZATIONS  
(Sections 106.011(1) & 106.021(1), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

SUPPL  
0450  
MILWAUKEE, FL 325  
2007 AUG 9 AM 8 16

CHECK APPROPRIATE BOX:

☒ Original Appointment ☐ Deputy Treasurer ☐ Reappointment of Treasurer ☐ Secondary Depository

1. Committee or Electioneering Communication Organization Name

NAVARRE POHLMANN PASS COMMITTEE

2. Mailing Address

PO BOX  
6212

Telephone (optional)

850 939 7134

3. City

NAVARRE

4. County

SANTA ROSA

5. State

FL

6. Zip Code

32566

The following person has been appointed to serve as ☒ Campaign Treasurer ☐ Deputy Treasurer for the above named committee.

7. Name of Treasurer or Deputy Treasurer

Paul Lombardo

8. Street Address

PO BOX  
6212

9. City

NAVARRE

10. County

SANTA ROSA

11. State

FL

12. Zip Code

32566

I have designated the following named bank as my ☒ Primary Depository ☐ Secondary Depository

13. Bank Name (include account number)

Regions Bank

14. Street Address

8234 NAVARRE PARKWAY

15. City

NAVARRE

16. County

Santa Rosa

17. State

FL

18. Zip Code

32566

19. Name of Chairman

Chuck Pohlmann

20. Signature of Chairman

X 

Campaign Treasurer's Acceptance of Appointment

I, Paul Lombardo, do hereby accept the appointment as  
(Please Print or Type)

☒ Campaign Treasurer ☐ Deputy Treasurer for the NAVARRE POHLMANN PASS

Committee or Organization. As a duly registered voter in SANTA ROSA County, Florida, I am  
qualified to accept this appointment.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S  
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

9 AUG 07  
Date

X   
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF ORGANIZATION  
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

OFFICE USE ONLY

2007 AUG 9 AM 8 16

**1. Full Name of Committee**

Navarre Pohlmann Pass Committee

Telephone

850.939.7134

Mailing Address (include city, state and zip code)

P.O. Box 6212  
Navarre, FL 32566

Street Address (include city, state and zip code)

**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**

Support Navarre Pass

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

Economic growth & recreational opportunities.

**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

Paul Lombardo

P.O. Box 6212  
Navarre, FL 32566

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
Chuck Pohlmann	P.O. Box 6212 Navarre, FL 32566	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
None.			

**8. List Any Issues this Committee is Supporting:** Navarre Pass

**List Any Issues this Committee is Opposing:** None

**9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party**  
None

**10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?**  
All residual funds will be donated to the Santa Rosa Dept. of Parks & Recreation

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

Name of Bank or Depository & Account Number	Mailing Address
Regions Bank Acc# 0077270010	8234 Navarre Parkway Navarre, FL 32566

**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
None			

STATE OF Florida

Santa Rosa

COUNTY

I, Paul Lombardo <sup>pk</sup> Chuck Pohlmann, certify that the information in this Statement of

Organization is complete, true and correct.

**X**

CR Pohlmann

Signature of Chairman of Political Committee

9 AUG 07

Date