

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR
POLITICAL COMMITTEES**
(Sections 106.011(1) and 106.021(1), F.S.)

SUPERVISOR OF ELECTIONS
6495 CAROLINE ST., STE. F
MILTON, FL 32570-4592

2014 SEP 24 PM 2 15

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization <u>Libertarian Party of Santa Rosa County</u>	<u>LP SRC</u>	2. Telephone <u>(850) 776-3984</u>
3. Name of Treasurer or Deputy Treasurer <u>Geoffrey R. Hindmarsh</u>	4. Email (optional)	5. Telephone (optional) <u>(316) 208-7823</u>

6. Mailing Address
2085 Bahama Dr, Navarre, FL 32566

7. Street Address
2085 Bahama Dr, Navarre, FL 32566

8. The following bank has been designated as the Primary Depository Secondary Depository

9. Name of Bank <u>Pen Air Federal Credit Union</u>	10. Street Address <u>1495 East Nine Mile Rd</u>
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11. City <u>Pensacola, FL</u>	12. State <u>FL</u>	13. Zip Code <u>32514</u>
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14. Signature of Chairman 	15. Name of Chairman (Print or Type) <u>Michael J Reed</u>
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Campaign Treasurer's Acceptance of Appointment

I, Geoffrey R Hindmarsh, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for Libertarian Party of Santa Rosa County
LP SRC (Committee or Organization)

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.

3 Sep 14 Date  Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

OFFICE USE ONLY
OF ELECTIONS
6495 CAROLINE ST., STE.
MILTON, FL 32570-4592

2019 SEP 24 PM 2 16

1. Full Name of Committee

Libertarian Party of Santa Rosa County ^{LPSRC}

Telephone

830 -
776-3984

Mailing Address (include city, state and zip code)

5887 Chi Chi Circle
Milton, FL 32570

Street Address (include city, state and zip code)

5887 Chi Chi Circle
Milton, FL 32570

2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

Name of Affiliated or Connected Organization	Mailing Address	Relationship
Libertarian Party of Florida LPF	Libertarian Party of Florida 1334 Tampa Rd. Suite 2 Palm Harbor, FL 34683	The LPSRC is an affiliate of the LPF

3. Area, Scope and Jurisdiction of the Committee

Santa Rosa County

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

Political, Libertarian Issues

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
Geoffrey Ryan Hindmarsh	2085 Bahama Rd 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
Patrick Michael James Reed	5887 Chi Chi Circle Milton, FL 32570	2014 SEP 24 PM 2 16 Chairman

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:

List Any Issues this Committee is Opposing:

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

Libertarian

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

Donated to Libertarian Party of Northwest FL

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


Name of Bank or Depository & Account Number	Mailing Address
Pen Air Federal Credit Union	1495 East Nine Mile Rd Pensacola, FL 32514

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

STATE OF FLORIDA COUNTY SANTA ROSA

I, MICHAEL JAMES REED, certify that the information in this Statement of Organization is complete, true and correct.

X 
Signature of Chairman of Political Committee

9/15/14
Date