

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

CITY CLERK
29 AUG 2012 12:03:02
CITY OF NORTH PORT

1. Full Name of Committee

North Port Rising

Telephone

8216931272

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Mailing Address (include city, state and zip code)

333 Tamiami Trail S. Ste. 219
Venice, FL 34285

Street Address (include city, state and zip code)

333 Tamiami Trail S. Ste. 219
Venice, FL 34285

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 North Port, Florida

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

For the gathering and helping of funding and studies for the betterment of the City Of North Port

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 |
|------------|---|-----------------------------|
| Marc Miles | 333 Tamiami Trail S. Ste. 219 Venice, FL 34285 | 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)

CITY CLERK
29 AUG'24 PM 2:08:12
CITY OF NORTH PORT

| Full Name | Mailing Address | Committee Title or Position |
|------------------|--|---------------------------------|
| Robert Lee Giles | 1135 Osceola Blvd Englewood, FL 34223 | Assistant Treasurer 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: Borrowing authority for the City Of North Port

List Any Issues this Committee is Opposing: None

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?

Used for the same or similar purpose, or to be donated to a qualifying nonprofit within the city of North Port

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

| Name of Bank or Depository & Account Number | Mailing Address |
|---|---|
| Bank Ozk | 24100 Veterans Blvd, Port Charlotte, FL 33954 |

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

Sarasota COUNTY

I, Robert Lee Giles, certify that the information in this Statement of

Organization is complete, true and correct.

X 
Signature of Chairman of Political Committee

August 28, 2024
Date