

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

2013 MAR 21 PM 3:2

KEY WEST, FLORIDA

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

Original Appointment of Treasurer       Reappointment of Treasurer       Deputy Treasurer

1. Committee or Organization The Greater Key West Chamber of Commerce Political Action Committee, Inc.		2. Telephone (    )	
3. Name of Treasurer or Deputy Treasurer Scott Saunders		4. Email (optional)	
5. Telephone (optional) (    )			
6. Mailing Address 412 White Street, Key West, Florida 33040			
7. Street Address 412 White Street, Key West, Florida 33040			
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank First State Bank of the Florida Keys		10. Street Address 1201 Simonton Street	
11. City Key West		12. State Florida	13. Zip Code 33040
14. Signature of Chairman <b>X</b> 		15. Name of Chairman (Print or Type) Robin Lockwood	

**Campaign Treasurer's Acceptance of Appointment**

I, Scott Saunders, do hereby accept the appointment as  
(Please Print or Type)  
 treasurer or deputy treasurer for The Greater Key West Chamber of Commerce Political Action  
(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.

March 20, 2013      **X**   
Date      Signature of Campaign Treasurer or Deputy Treasurer

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

**1. Full Name of Committee**

The Greater Key West Chamber of Commerce Political Action Committee,

Telephone

Mailing Address (include city, state and zip code)

510 Greene Street, 1st Floor, Key West, FL 33040

Street Address (include city, state and zip code)

510 Greene Street, 1st Floor, Key West, FL 33040

**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 Key West, Florida

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

**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

Scott Saunders, CPA

412 White Street  
Key West, Florida 33040

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
Robin Lockwood	1111 12th St., Key West, FL 33040	Director (Chairman)
Scott Saunders	313 Margaret St., Key West, FL 33040	Director
Jennifer Hulse	531 Whitehead St. Key West FL	Director

**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:** Municipal Referendum on Army Corps of Engineers Study  
**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?**  
 Charity

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

Name of Bank or Depository & Account Number	Mailing Address
First State Bank of the Florida Keys	1201 Simonton Street Key West, Florida 33040

**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 COUNTY Monroe

I, Robin Lockwood, certify that the information in this Statement of

Organization is complete, true and correct.

**X** *Robin Lockwood*  
 Signature of Chairman of Political Committee

3-20-2013  
 Date

**REGISTERED AGENT  
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

OFFICE USE ONLY

- Original Appointment       Change of Appointment  
 Change of Mailing Address       Change of Physical Address

**Registered Agent and Office Information**

Name  
Jennifer L. Hulse

Telephone  
(305) 292-7771

Street Address  
531 Whitehead Street

City  
Key West

State  
Florida

Zip Code  
33040

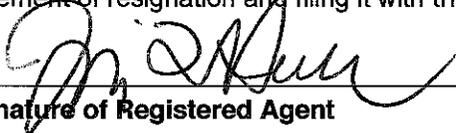
Mailing Address  
531 Whitehead Street

City  
Key West

State  
Florida

Zip Code  
33040

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.



Signature of Registered Agent

3/20/13

Date

**Former Registered Agent and Office Information (for changes only)**

Name

Telephone

Street Address

City

State

Zip Code

**Committee or Organization Information**

Name of Committee or Organization  
The Greater Key West Chamber of Commerce Political Action Committee, Inc.

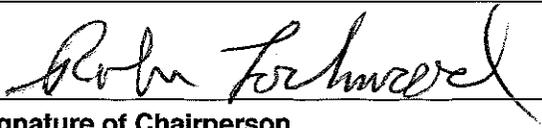
Street Address  
510 Greene Street, 1st Floor

Telephone

City  
Key West

State  
Florida

Zip Code  
33040



Signature of Chairperson

Robin Lockwood

Printed Name of Chairperson

Date