

**STATEMENT OF ORGANIZATION  
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

OFFICE USE ONLY

CITY OF VENICE

SEP16'24 11:25

<b>1. Full Name of Committee</b> VOTE (Voter Outreach & Turnout Effort) Venice	Telephone 850-212-0226
---	---------------------------

Mailing Address (include city, state and zip code)  
 1435 East Venice Avenue  
 #104 PMB 119  
 Venice, Florida 34292

Street Address (include city, state and zip code)  
 1435 East Venice Avenue  
 #104 PMB 119  
 Venice, Florida 34292

**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 Venice political committee to support or oppose referendum and other activities not prohibited by Chapter 106, Florida Statutes.

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

**Political**

**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
Noreen A. Fenner	1103 Hays Street Tallahassee, Florida 32301	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
Helen Moore	1103 Hays Street Tallahassee, Florida 32301	Chair

SEP16'24 11:25

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: Referendum to align election dates

List Any Issues this Committee is Opposing: To be determined

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?

Contribute to charitable organizations or as otherwise provided by law.

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

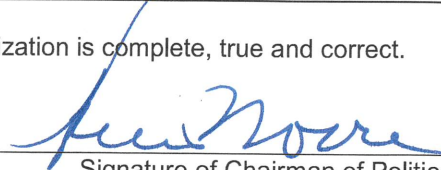
Name of Bank or Depository & Account Number	Mailing Address
Truist Bank	3522 Thomasville Road Tallahassee, Florida 32309

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
Form 8976, Form 1120POL, Form 990, as may be required	Upon formation, March 15, annually, May 15, annually	Internal Revenue Service	Ogden, UT 84201

STATE OF Florida COUNTY Sarasota

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

**X**  Signature of Chairman of Political Committee

9/13/24 Date

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR  
POLITICAL COMMITTEES**  
(Sections 106.011(2) and 106.021(1), F.S.)

**CHECK APPROPRIATE BOX:**

Initial Filing for:  Primary Treasurer  Deputy Treasurer

**OFFICE USE ONLY**

Re-filing to Change:  Primary Treasurer  Deputy Treasurer  Primary/Secondary Depository

1. Committee VOTE (Voter Outreach & Turnout Effort) Venice	2. Telephone (850 ) 212-0226
---	---------------------------------

3. Name of Treasurer or Deputy Treasurer Noreen A Fenner	4. Email (optional) noreen@pacfm.net	5. Telephone (optional) (850 ) 212-0226
---	---	--

6. Mailing Address  
1103 Hays Street, Tallahassee, Florida 32301

7. Street Address  
1103 Hays Street, Tallahassee, Florida 32301

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

9. Name of Bank Truist	10. Street Address 3522 Thomasville Road
---------------------------	---

11. City Tallahassee	12. State Florida	13. Zip Code 32309
-------------------------	----------------------	-----------------------

14. Signature of Chairman <b>X</b> 	15. Name of Chairman (Print or Type) Helen Moore
---	---

**Campaign Treasurer's Acceptance of Appointment**

I, Noreen A Fenner, do hereby accept the appointment as  
(Please Print or Type)  
 treasurer or deputy treasurer for VOTE (Voter Outreach & Turnout Effort) Venice  
(Committee)

**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.**

9/12/24  
Date

**X**   
Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR  
POLITICAL COMMITTEES**  
(Sections 106.011(2) and 106.021(1), F.S.)

CITY OF VENICE

SEP16'24 11:26

**CHECK APPROPRIATE BOX:**

Initial Filing for:  Primary Treasurer  Deputy Treasurer

Re-filing to Change:  Primary Treasurer  Deputy Treasurer  Primary/Secondary Depository

**OFFICE USE ONLY**

1. Committee  
VOTE (Voter Outreach & Turnout Effort) Venice

2. Telephone  
(850 ) 212-0226

3. Name of Treasurer or Deputy Treasurer  
**Kim Bailes**

4. Email (optional)  
noreen@pacfm.net

5. Telephone (optional)  
(850 ) 212-0226

6. Mailing Address  
1103 Hays Street, Tallahassee, Florida 32301

7. Street Address  
1103 Hays Street, Tallahassee, Florida 32301

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

9. Name of Bank  
Truist

10. Street Address  
3522 Thomasville Road

11. City  
Tallahassee

12. State  
Florida

13. Zip Code  
32309

14. Signature of Chairman

**X** 

15. Name of Chairman (Print or Type)  
Helen Moore

**Campaign Treasurer's Acceptance of Appointment**

I, **Kim Bailes**, do hereby accept the appointment as  
(Please Print or Type)

treasurer or deputy treasurer for VOTE (Voter Outreach & Turnout Effort) Venice  
(Committee)

**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.**

Date

9/12/24

**X**

Signature of Campaign Treasurer or Deputy Treasurer



SEP16'24 11:26

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR  
POLITICAL COMMITTEES**  
(Sections 106.011(2) and 106.021(1), F.S.)

**CHECK APPROPRIATE BOX:**

Initial Filing for:  Primary Treasurer  Deputy Treasurer

**OFFICE USE ONLY**

Re-filing to Change:  Primary Treasurer  Deputy Treasurer  Primary/Secondary Depository

1. Committee  
VOTE (Voter Outreach & Turnout Effort) Venice

2. Telephone  
(850 ) 212-0226

3. Name of Treasurer or Deputy Treasurer 4. Email (optional)

Joe Ferretti

5. Telephone (optional)  
( )

6. Mailing Address  
1103 Hays Street, Tallahassee, Florida 32301

7. Street Address  
1103 Hays Street, Tallahassee, Florida 32301

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

9. Name of Bank  
Truist

10. Street Address  
3522 Thomasville Road

11. City  
Tallahassee

12. State  
Florida

13. Zip Code  
32309

14. Signature of Chairman

X 

15. Name of Chairman (Print or Type)  
Helen Moore

**Campaign Treasurer's Acceptance of Appointment**

I, Joe Ferretti, do hereby accept the appointment as  
(Please Print or Type)

treasurer or deputy treasurer for VOTE (Voter Outreach & Turnout Effort) Venice  
(Committee)

**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.**

9/13/24  
Date

X

  
Signature of Campaign Treasurer or Deputy Treasurer

**REGISTERED AGENT  
STATEMENT OF APPOINTMENT**  
(Section 106.022, F.S.)

OFFICE USE ONLY

CITY OF VENICE

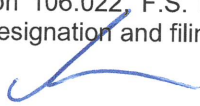
SEP 16 2024 11:26

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

**Registered Agent and Office Information**

Name Noreen A. Fenner		Telephone 850/212-0226
Street Address 1103 Hays Street		
City Tallahassee	State Florida	Zip Code 32301
Mailing Address 1103 Hays Street		
City Tallahassee	State Florida	Zip Code 32301

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

9/12/24

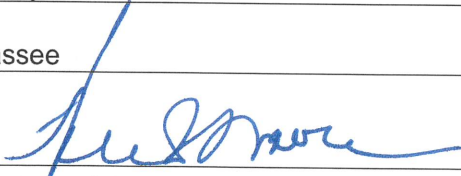
Date

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

Name N/A		Telephone
Street Address		
City	State	Zip Code

**Committee or Organization Information**

Name of Committee or Organization VOTE (Voter Outreach & Turnout Effort) Venice		
Street Address 1103 Hays Street		Telephone 850/212-0226
City Tallahassee	State Florida	Zip Code 32301



Signature of Chairperson

Helen Moore

Printed Name of Chairperson

9/13/24

Date