STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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1. Full Name of Committee

The Right Choice for Palm Beach

Telephone

(561) 270-4735

Mailing Address (include city, state and zip code)

700 S Rosemary Ave, Suite 204
W. Palm Beach, FL 33401

Street Address (include city, state and zip code)

Same as above

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

Local Committee to support or oppose candidates for county and municipal offices, 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
Rosemary G Carpenter	700 S. Rosemary Ave Suite 204 W. Palm Beach, FL 33401	Treasurer

(continued on reverse side)

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
Rosemary G Carpenter	700 S. Rosemary Ave, Suite 204 W. Palm Beach, FL 33401	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
Richard René Silvin	422 Australian Ave Palm Beach, FL 33480	Town Council Group 2	Nonpart.

8. List Any Issues this Committee is Supporting: N/A

List Any Issues this Committee is Opposing:

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? Donate to candidates, political committees, other section 527 organization or charitable organizations, and other activities not prohibited 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
Wells Fargo (last 4 digits to be provided)	255 S. County Road Palm Beach, FL 33480

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 8871 to notify not required	24 hours after established. Anticipated 12/18/18	Electronic filing to IRS	Ogden, UT 84201

STATE OF Florida Palm Beach COUNTY

I, Rosemary G Carpenter, certify that the information in this Statement of Organization is complete, true and correct.

X _____ 12/17/18

Signature of Chairman of Political Committee Date

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

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☒ Original Appointment ☐ Change of Appointment
☐ Change of Mailing Address ☐ Change of Physical Address

Registered Agent and Office Information

Name: Rosemary G Carpenter		Telephone: (561) 270-4735
Street Address: 700 S Rosemary Avenue, Suite 204		
City: W. Palm Beach	State: FL	Zip Code: 33401
Mailing Address: Same as above		
City	State	Zip Code

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 — Date: 12/17/18

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 Right Choice for Palm Beach		
Street Address: 700 S. Rosemary Avenue, Suite 204		Telephone
City: W. Palm Beach	State: FL	Zip Code: 33401

Signature of Chairperson

Printed Name of Chairperson: Rosemary G Carpenter — Date: 12/17/18

Form DS-DE 41 (revised 6/11)

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR POLITICAL COMMITTEES

(Sections 106.011(2) and 106.021(1), F.S.)

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CHECK APPROPRIATE BOX:

☒ Initial Filing of Form Re-filing to Change: ☐ Primary Treasurer ☐ Deputy Treasurer ☐ Primary/Secondary Depository

1. Committee or Organization The Right Choice for Palm Beach	2. Telephone (561) 270-4735
3. Name of Treasurer or Deputy Treasurer 4. Email (optional) Rosemary G Carpenter	5. Telephone (optional) (561) 270-4735
6. Mailing Address 700 S. Rosemary Ave, Suite 204, W. Palm Beach, FL 33401	
7. Street Address Same as above	
8. The following bank has been designated as the ☒ **Primary Depository** ☐ **Secondary Depository**	
9. Name of Bank Wells Fargo	10. Street Address 255 S County Road

11. City Palm Beach	12. State FL	13. Zip Code 33480

14. Signature of Chairman X	15. Name of Chairman (Print or Type) Rosemary G. Carpenter

Campaign Treasurer's Acceptance of Appointment

I, Rosemary G. Carpenter (Please Print or Type), do hereby accept the appointment as treasurer or deputy treasurer for The Right Choice for Palm Beach (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.

12/17/18
Date

X
Signature of Campaign Treasurer or Deputy Treasurer