

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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1. Full Name of Committee

Keep The Lights On Palm Beach

Telephone

561-588-8021

Mailing Address (include city, state and zip code)

2784 South Ocean Blvd., 401S, Palm Beach, FL 33480

Street Address (include city, state and zip code)

2784 South Ocean Blvd., 401S, Palm Beach FL 33480

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

Support the Town of Palm Beach Undergrounding Issue

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

Utilities

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 |
|---------------------|---|-----------------------------|
| E. Llwyd Ecclestone | 2784 South Ocean Blvd., 401S, Palm Beach FL 33480 | Chairman |
| Gerald Frank | 2784 South Ocean Blvd., 401S, Palm Beach FL 33480 | 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 |
|---------------------|---|-----------------------------|
| E. Llwyd Ecclestone | 2784 South Ocean Blvd., 401S, Palm Beach FL 33480 | Chairman |
| Gerald Frank | 2784 South Ocean Blvd., 401S, Palm Beach FL 33480 | Treasurer |

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: Town of Palm Beach Undergrounding Issue

List Any Issues this Committee is Opposing: NONE

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

NONE

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

Donate to a 501 (c) organization

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 Account No.: TBD | 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

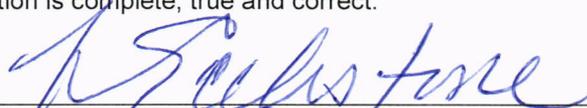
| Report Title | Dates Required to be Filed | Name & Position of Official | Mailing Address |
|--------------|----------------------------|-----------------------------|-----------------|
| Form 990 | Annual | IRS | Ogden, UT |

STATE OF Florida Palm Beach COUNTY

I, E. Llwyd Ecclestone, certify that the information in this Statement of

Organization is complete, true and correct.

X


Signature of Chairman of Political Committee

2/22/16
Date

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

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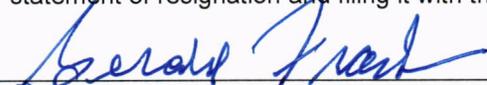
2016 FEB 23 11:34 TWN CLERK

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

Registered Agent and Office Information

| | | |
|---|-------------|---------------------------|
| Name Gerald Frank | | Telephone 561-588-8021 |
| Street Address 2784 South Ocean Blvd., 401S | | |
| City Palm Beach | State FL | Zip Code 33480 |
| Mailing Address 2784 South Ocean Blvd., 401S | | |
| City Palm Beach | State FL | Zip Code 33480 |

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

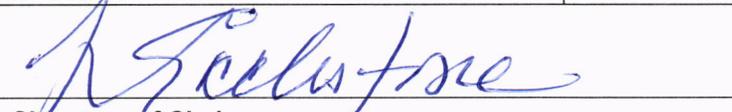
2/22/2016
Date

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 Keep The Lights On Palm Beach | | |
| Street Address 2784 South Ocean Blvd., 401S | | Telephone 561-588-8021 |
| City Palm Beach | State FL | Zip Code 33480 |


Signature of Chairperson

E. Llwyd Ecclestone
Printed Name of Chairperson

2/22/16
Date

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

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

| | |
|---|---------------------------------|
| 1. Committee or Organization Keep The Lights On Palm Beach | 2. Telephone (561) 588-8021 |
|---|---------------------------------|

| | | |
|--|--|--|
| 3. Name of Treasurer or Deputy Treasurer Gerald Frank | 4. Email (optional) JERJUNF@yahoo.com | 5. Telephone (optional) (561) 588-8021 |
|--|--|--|

6. Mailing Address
2784 South Ocean Blvd., 401S, Palm Beach FL 33480

7. Street Address
2784 South Ocean Blvd., 401S, Palm Beach FL 33480

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) E. Llwyd Ecclestone |
|---|---|

Campaign Treasurer's Acceptance of Appointment

I, Gerald Frank, do hereby accept the appointment as
(Please Print or Type)

treasurer or deputy treasurer for Keep The Lights On 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.

2/22/2016 **X** 
Date Signature of Campaign Treasurer or Deputy Treasurer

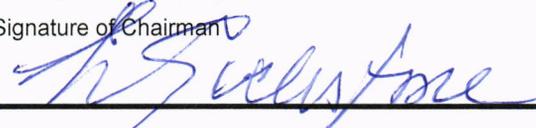
**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
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POLITICAL COMMITTEES**
(Sections 106.011(1) and 106.021(1), F.S.)

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CHECK APPROPRIATE BOX:

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Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

| | | | |
|---|--|--|------------------------------|
| 1. Committee or Organization Keep The Lights On Palm Beach | | 2. Telephone (561) 588-8021 | |
| 3. Name of Treasurer or Deputy Treasurer E. Llwyd Ecclestone | | 4. Email (optional) | |
| | | 5. Telephone (optional) (561) 588-8021 | |
| 6. Mailing Address 2784 South Ocean Blvd., 401S, Palm Beach FL 33480 | | | |
| 7. Street Address 2784 South Ocean Blvd., 401S, Palm Beach FL 33480 | | | |
| 8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> 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) E. Llwyd Ecclestone | |

Campaign Treasurer's Acceptance of Appointment

I, **E. Llwyd Ecclestone**, do hereby accept the appointment as
(Please Print or Type)

treasurer or deputy treasurer for **Keep The Lights On 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.**

2/22/2016 **X** 
Date Signature of Campaign Treasurer or Deputy Treasurer