	OF ORGANIZATION AL COMMITTEE	OFFICE USE ONLY 8			
(PLE	ASE TYPE)	3: 09			
1. Full Name of Committee CITIZENS FOR GOOD GOVERNMENT			Telephone 954-317-3355 X 101		
Mailing Address (include city 3160 NW 1ST AVENUE	r, state and zip code)				
Street Address (include city, POMPANO BEACH, FLO					
Affiliated or Connected Or committees)	ganizations (includes other committe	ees of continuous ex	istence and political		
Name of Affiliated or Connected Organization	Mailing Addre	ss	Relationship		
N/A					
	ion of the Committee P WHAT COMMITTEE BELIEVES IS WITER GOVERNMENT IN POMPANO BE		G AND MOTIVATE		
Markatan kata	Organization's Special Interest (e.g., IS, LIMITATIONS OF MAYOR &				
5. Identify by Name, Address	and Position, the Custodian of Boo	ks and Accounts (inc	clude treasurer's name)		
Full Name	Mailing Address	Com	Committee Title or Position		
THOMAS TERWILLIGER	3160 NW 1ST AVENUE POMPANO BEACH, FLORIDA 33064	CHAIRP	CHAIRPERSON		
RICHARD MARKS	3160 NW 1ST AVENUE POMPANO BEACH, FLORIDA 33064	TREASU	JRER		

	nd Position, Other Principal (cers and Memb	ers of the
Full Name	y (include chairman's name) Mailing Addr	·	Committee Title or Position	
THOMAS TERWILLIGER FOR ADDITIONAL SEE ATTACHED	3160 NW 1ST AVENUE POMPANO BEACH, FL 33064	С	CHAIRPERSON	
7. List by Name, Address, C	Office Sought and Party Affili (if none, please indicate)	ation Each Candidate	or Other Individ	lual that this
Full Name	Mailing Address	Office Sc	ought	Party
NONE				
8. List Any Issues this Com List Any Issues this Com	mittee is Supporting: CHAR	RTER AMENDMENT	SEE ATTAC	HED
9. If this Committee is Supp N/A	porting the Entire Ticket of a	Party, Give Name of P	arty	
	ion, What Disposition will be ST BE REPAID - SURPLU			TO CHARITIES
11. List all Banks, Safety De	eposit Boxes, or Other Depo	sitories Used for Com	mittee Funds	
Name of Bank or Depos	sitory & Account Number	Mailing Address		
BANK OF AMERICA		2850 N. FEDERAL HWY LIGHTHOUSE POINT, FLORIDA 33064		A
12. List all Reports Require and Positions of Such (d to be Filed by this Commit Officials, If Any	tee with Federal Offici	als and the Nar	nes, Addresses
Report Title	Dates Required to be Filed	Name & Position of C	Official M	ailing Address
N/A				
STATE OF FLORIDA		BROWARD COUNTY		
THOMAS E. TER	***************************************	, certify that the info	ormation in this S	tatement of
X Mine	Souther .	The second secon	JLY 24, 20	
Signature of Ch	nairman of Political Committee		Da	te

ITEM # 6 CONTINUED:

NAME	<u>ADDRESS</u>	POST	<u>ION</u>
RICHARD MARKS	101 NW 32 STREET, POMPANO) BEACH, FL. 33064	TREASURER
ANGELA HILL	760 SE 22 AVENUE, POMPANO) BEACH, FL. 33062	DIRECTOR
ARTHUR LARSEN	100 NW 32 STREET, POMPANO) BEACH, FL. 33064	DIRECTOR
JEANNE MAHLSTEDT	111 NW 32 STREET, POMPANO	O BEACH, FL. 33064	DIRECTOR
JOSEPH RYAN	427 NE 24 AVENUE, POMPAN	O BEACH, FL 33062	DIRECTOR