STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

OFFICE USE ONLY

(PLEASE TYPE)

DS-DE 5 (Rev. 05/06)

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(continued on reverse side)

1. Full Name of Committee	Telephone					
4 Tampa	813-997-7824					
Mailing Address (include cit	y, state and zip code)					
301 W. Platt Street, #2	215, Tampa, FL 33606					
, -	Street Address (include city, state and zip code) 301 W. Platt Street, #215, Tampa, FL 33606					
30 FW. Platt Street, #2	15, Tampa, FL 33606					
2. Affiliated or Connected O	rganizations (includes other committees of con	ntinuous existence and nolitical				
committees)						
Name of Affiliated or Connected Organization	Mailing Address	Relationship				
None						
B. Area, Scope and Jurisdict statewide political committee to state and other activities not pro-	support or oppose candidates for statewide, multi-cour	nty, legislative, county and municipal				
l. Nature of Organization or	Organization's Special Interest (e.g., medical, I	egal, 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				
Kadeem C. Blanchard	301 W. Platt Street, #215 Tampa, FL 33606	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		
Dick Greco, Jr.	301 W. Platt Street, Tampa, FL 33606		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			
To be determined					
8. List Any Issues this Com	mittee is Supporting: To be	determined	***		
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					
10. In the Event of Dissolution, What Disposition will be Made of Residual Funds? Contribute to candidates, political parties, political committees or other activities not prohibited by law.					
11. List all Banks, Safety De	eposit Boxes, or Other Depos	sitories Used for Co	mmittee I	Funds	
Name of Bank or Depository & Account Number		Mailing Address			
Bank of Tampa		P. O. Box One Tampa, FL 33601			
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 Form 1120POL Form 990, as may be required	Upon formation March 15, annually May 15, annually	Internal Revenue Serv	ice	Ogden, UT 84201	
STATE OF Florida	<u>+</u>	Hillsborou	gh	COUNTY	
I, Dick Greco, Jr. , certify that the information in this Statement of			in this Statement of		
Organization is complete, true and correct. 1-18-19			1-19		
Signature of Chairman of Political Committee Date					