

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

OCT 1 1986

1. Full Name of Committee

Citizens for Strong Schools Inc.

Telephone

352-331-7643

Mailing Address (include city, state and zip code)

8802 SW 38th Ave.
Gainesville, FL 32608

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 |
|--|-----------------|--------------|
| | | |

3. Area, Scope and Jurisdiction of the Committee

Support Alachua County Public Schools and educational endeavors.

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

Education

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 |
|----------------------|--|-----------------------------|
| Dr. Thomas Hollinger | 921 NW 37 th Terrace Gainesville, FL 32605 | 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 |
|---------------|---|-----------------------------|
| Mary Benedict | 8802 SW 38 th Ave, Gainesville, FL 32608 | 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 |
|-----------|-----------------|---------------|-------|
| | | | |

8. List Any Issues this Committee is Supporting: One Mill for Schools

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?

Committee would donate remaining assets to a 501(c)(3) group.

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

| Name of Bank or Depository & Account Number | Mailing Address |
|---|---|
| Center State Bank Acct # 20458915 | 4100 NW 37 th Place Gainesville, FL 32606 |

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 |
|--------------|----------------------------|-----------------------------|-----------------|
| | | | |

STATE OF Florida COUNTY Alachua

I, Mary Benedict, certify that the information in this Statement of

Organization is complete, true and correct.

X

Mary Benedict
Signature of Chairman of Political Committee

10/1/19

Date