

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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DUVAL COUNTY ELEC.
By AS

1. Full Name of Committee

Believe and Achieve Pact of Jacksonville

Telephone

(904) 352-3039

Mailing Address (include city, state and zip code)

*8267 Autumnwind Dr
Jacksonville FL 32218*

Street Address (include city, state and zip code)

Same

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

Duval County

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

Support Candidate that support early 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
<i>Gregory Blue</i>	<i>8267 Autumnwind Dr Jacksonville FL 32218</i>	<i>Treasurer</i>

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
Johnny McKnight	P.O Box 322 Callahan FL 32011	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: Early Education

List Any Issues this Committee is Opposing:

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?

In the Event of Dissolution residual fund will be donated to Charity

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


Name of Bank or Depository & Account Number	Mailing Address
Sun Trust Bank Acct #	770 Lane Ave S Jacksonville FL 32205

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 Duval

I, Johnny McKnight, certify that the information in this Statement of Organization is complete, true and correct.

X 
Signature of Chairman of Political Committee

7-20-20
Date