STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

AUG 03 2020

DUVAL COUNTY ELEC. By_____

1. Full Name of Committee	Telephone				
	904,				
Save the S	832-7293				
Mailing Address (include cit	y, state and zip code)				
		Jax.FL 32210			
4530 St. Johns Avenue, Suite 15, Box 230 32210					
Street Address (include city,					
Same					
Affiliated or Connected Or committees)	ganizations (includes other committees of con	tinuous existence and political			
Name of Affiliated or Connected Organization	Mailing Address	Relationship			
3. Area, Scope and Jurisdicti	on of the Committee				
_					
Duval County					
	Organization's Special Interest (e.g., medical, l	egal, education, etc.)			
KUU	CATION				
5. Identify by Name, Address	and Position, the Custodian of Books and Acc	ounts (include treasurer's name)			
Full Name	Mailing Address	Committee Title or Position			
NORMAN J-ABRAHAN	1 4300 LAKESIDE DRIVE UNIT 10 JACKSONVILLE FL 32210	TREASUNER			
	JACKSONVILLE FL 32200				
1					

6. List by Name, Address Finance Committee, If A	Any (include chairman's name)		incers and wients	iers of the	
Full Name	Mailing Add	·	Committee Title or Position		
See att	ached			,	
7. List by Name, Address, Committee is Supporting	, Office Sought and Party Affiling (if none, please indicate)	ation Each Candidate	or Other Individ	lual that this	
Full Name	Mailing Address	Office S	ought	Party	
	nla				
8. List Any Issues this Co	mmittee is Supporting:	ne name thi	ange 68	Robert E.	
List Any Issues this Committee is Supporting:) The name change of Robert E. List Any Issues this Committee is Opposing: (Lee SR High and other area 3chools.					
	pporting the Entire Ticket of a I	Party, Give Name of P	arty		
Λ	(- ·		
10. In the Event of Dissolu CHARITY	ution, What Disposition will be	Made of Residual Fur	nds?		
11. List all Banks, Safety [Deposit Boxes, or Other Depos	sitories Used for Com	mittee Funds		
	ository & Account Number	1	Mailing Address		
VYSYAR CREdit UNION		4420 WH	4420 WABASH Avenue 3220		
NYSTAR CREdit UNION 4 Account # 1900701096 JA		JACKSONNIE	FL 322.	10	
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 O	Official Ma	iling Address	
STATE OF TORI	da	Dı	ival	COUNTY	
STATE OF TORI		, certify that the info	rmation in this Sta	atement of	
X Signature of Chairman of Political Committee Date					



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AUG 03 2020

DUVAL COUNTY ELEC. By

Attachment to STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

Page 2; Item 6.

1 495 27 110111 6.					
Full Name	Mailing Address	Committee Title or Posi			
Norman J. Abraham	4300 Lakeside Drive #10 Jacksonville, FL 32210	Treasurer			
Robert Lawrence	4253 Seabreeze Drive Jacksonville Beach, FL 32250	Chairman			
Joey Stevens	6081 Davon Street Jacksonville, FL 32244	Committee Member			
Larry Greer	8068 Bramble Court Jacksonville, FL 32210	Committee Member			
Melanie Love	elanie Love 9929 Arjay Road Jacksonville, FL 32220				
Patti Price	859 Waterman Road South Jacksonville, FL 32207	Committee Member			

7/31/20