STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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FEB 18 2021

DUVAL COUNTY ELEC.

Mail

1.	Full	Name	of	Committe	e	
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Thoughtful & Committed Citizens for Jacksonville

Telephone (904) 393-9000

Mailing Address (include city, state and zip code)

One Independent Drive, Suite 1800, Jacksonville, Florida 32202

Street Address (include city, state and zip code)

One Independent Drive, Suite 1800, Jacksonville, Florida 32202

2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

Name of Affiliated or Connected Organization	Mailing Address	Relationship
/A		

3. Area, Scope and Jurisdiction of the Committee

Political committee to support or oppose candidates for county or municipal office, and other activities not prohibited by Chapter 106, Florida Statutes.

4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, 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
Rich Heitmeyer	2640-A Mitcham Drive Tallahassee, FL 32308	Treasurer
Abby Dupree	2640-A Mitcham Drive Tallahassee, FL 32308	Deputy Treasurer
Stephanie Zottoli	2640-A Mitcham Drive Tallahassee, FL 32308	Deputy Treasurer
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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 Addr	ress	Committee Title or Position					
Patrick Krechowski		One Independent Drive, Suite 1800, Jacksonville, Florida 32202		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 Co	ommittee is Supporting: To be	determined.						
List Any Issues this Committee is Opposing: To be determined. To be determined.								
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? Contribute to candidates for county or municipal office, county political parties and other activities not prohibited by law.								
11. List all Banks, Safety	Deposit Boxes, or Other Depos	sitories Used for Co	mmittee	Funds				
Name of Bank or Dep	pository & Account Number		Mailing Address					
Hancock Whitney Bank	<	101 N Monroe Street, Suite 150 Tallahassee, FL 32301						
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	f Official	Ma	ailing Address			
8871 Form 990, as may be required 1120 POL	Upon formation May 15, annually April 15, annually	Internal Revenue Service	3	Ogden,	, UT 84201			
STATE OF Florida	À	Duva			COUNTY			
Patrick Krechowski , certify that the information in this Statement of								
Organization is complete, true and correct. X Yakunk Gullen FEB 11, 7071 Signature of Chairman of Political Committee Date								
// Signature or t	Snairman of Political Committee			Date	e			