STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

OFFICE USE ONLY

RECEIVED

(PLEASE TYPE)

SEP 3 0 2021

		Ву	37_	
Full Name of Committee Thoughful & Committed Citizens for Jacksonville			Telephone (904) 393 9000	
	y, state and zip code) 1800, Jacksonville, FL 32202		<u> </u>	
"One independent Dr, Ste	1000, Jacksonville, FL 32202			
A STATE OF THE STA				
Street Address (include city, 3 One Independent Dr, St	state and zip code) e 1800, Jacksonville, FL 32202		. w. az	
2. Affiliated or Connected Or committees)	ganizations (includes other committee	s of continuous ex	ristence and political	
Name of Affiliated or Connected Organization	Mailing Address	Mailing Address		
N/A				
	ion of the Committee port or oppose candidates for cour Chapter 106, Florida Statutes.	nty or municipal (office, and other	
4. Nature of Organization or Political	Organization's Special Interest (e.g., m	edical, legal, educ	ation, etc.)	
5. Identify by Name, Address	and Position, the Custodian of Books	and Accounts (inc	lude treasurer's name)	
Full Name	Mailing Address	Com	Committee Title or Position	
Shelby Green	2800 S Adams St Unit 5651 Tallahassee, FL 32314	Treasure	er	

	and Position, Other Principal (Any (include chairman's name		Officers and	d Members of the	
Full Name	Mailing Add	Mailing Address		Committee Title or Position	
Patrick Krechowski	One Independent Dr, St Jacksonville, FL 32202	te 1800,	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	Office Sought		
TBD					
8. List Any Issues this Co	mmittee is Supporting: TBD				
List Any Issues this Committee is Opposing: TBD					
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 I	Deposit Boxes, or Other Depos	sitories Used for Co	mmittee Fu	ınds	
Name of Bank or Depository & Account Number		Mailing Address			
Vystar Credit Union		1814 W Tennessee St. Tallahassee, FL 32304			
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	Mailing Address	
8871 990-as required 1120-POL	Upon Creation Annually Annually	IRS	C)gden, UT 84201	
STATE OF Florida		Duval county			
Patrick Krechowski , certify that the information in this Statement of					
Organization is complete from	and correct.				
X	September 29, 2021				
Signature of Chairman of Political Committee Date					