STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY RECEIVED

SEP 0 2 2021

DUVAL COUNTY ELEC. By

1. Full Name of Committee			Telephone			
Building Tomorrow Together			904-626-9618			
Mailing Address (include city,	Mailing Address (include city, state and zip code)					
3634 Riverside Avenue, Jacksonville, Florida 32205						
Street Address (include city, state and zip code)						
3634 Riverside Avenue, Jacksonville, Florida 32205						
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						
Supporting Candidates for Jacksonville City Council						
4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)						
Political Support of Candidates						
5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)						
Full Name	Mailing Address		nittee Title or Position			
James J. McGovern	3634 Riverside Avenue Jacksonville, Florida 32205	Chair				
James J. McGovern	3634 Riverside Avenue Jacksonville, Florida 32205	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 Add	ress	Committee Title or Position	
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 Soug	ht Party	
8. List Any Issues this Committee is Supporting: Economic Growth, Public Saftey, and Financial Integrity of City Government 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? Contribution to the United Way of Northeast Florida				
11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds				
Name of Bank or Depository & Account Number		Mai	Mailing Address	
VyStar Credit Union		4420 Wabash Avenue Jacksonville, Florida 32210		
Account Number	:			
12. List all Reports Require and Positions of Such	ed to be Filed by this Commit Officials, If Any	ee with Federal Officials	and the Names, Addresses	
Report Title	Dates Required to be Filed	Name & Position of Office	ial Mailing Address	
STATE OF Florida		Duval county		
James J. McGovern , certify that the information in this Statement of			ation in this Statement of	
Organization is complete, tr	reyand correct.			
X James J. Mr Gov		September 2, 2021		
/ Signature of C	Chairman of Political Committee		Date	