

**STATEMENT OF ORGANIZATION  
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

OFFICE USE ONLY

**RECEIVED**

SEP 01 2021

DUVAL COUNTY ELEC.  
By 

**1. Full Name of Committee**

NPA - JAX

Telephone

904 465-4660

Mailing Address (include city, state and zip code)

1841 EVERGREEN AVENUE, JACKSONVILLE, FL 32206

Street Address (include city, state and zip code)

1841 EVERGREEN AVENUE, JACKSONVILLE, FL 32206

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship
N/A		

**3. Area, Scope and Jurisdiction of the Committee**

Supporting or Opposing County-wide or less than County-wide Candidate and/or Issues

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

JUSTICE AND EQUITY FOR ALL

**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
JUANDRE' BAYLOCK	1086 W. 31st ST. Jacksonville, FL 32209	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 Address	Committee Title or Position
Dessie Pollard Jr.	9453 Sappington Ave. Jacksonville, FL 32208	Chairman
Darrell V. Griffin	8007 Ramsgate Rd. Jacksonville, FL 32208	Vice Chairman
Hattie E. Grant	11095 Campus Heights Ln. Jacksonville, FL 32218	Secretary

**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
Omega Allen	13825 Victoria Lakes Dr. Jacksonville, FL 32226	MAYOR	NPA

**8. List Any Issues this Committee is Supporting:** Closing the Wealth Gap; Entrepreneurship

**List Any Issues this Committee is Opposing:** Closed Party Primary

**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 Residual Funds to A 501c3 Organization

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

Name of Bank or Depository & Account Number	Mailing Address
VyStar Credit Union  Acct. No. 7901789884	13075 N. Main Street Jacksonville, FL 32218

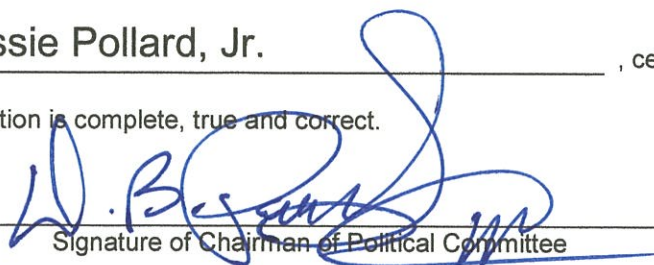
**12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any**

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
N/A			

STATE OF FLORIDA DUVAL COUNTY

I, Dessie Pollard, Jr., certify that the information in this Statement of Organization is complete, true and correct.

**X**

  
Signature of Chairman of Political Committee

9-1-21  
Date