STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

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SEP 1 4 2021

DUVAL COUNTY ELEC. By_____

1. Full Name of Committee Better Jacksonville			Telephone (904) 547-1760	
Mailing Address (include city Post Office Box 51179 Jacksonville, Florida 3224	,			
Street Address (include city, 14061 Magnolia Cove Ro Jacksonville, Florida 3222	ad			
2. Affiliated or Connected Or committees)	ganizations (includes other committees of co	ntinuous ex	istence and political	
Name of Affiliated or Connected Organization	Mailing Address		Relationship	
N/A				
3. Area, Scope and Jurisdict Jacksonville/Duval County				
4. Nature of Organization or Government	Organization's Special Interest (e.g., medical,	legal, educa	ation, etc.)	
5. Identify by Name, Address	and Position, the Custodian of Books and Ac	counts (inc	lude treasurer's name)	
Full Name	Mailing Address	Com	mmittee Title or Position	
Kevin M. Clair	Post Office Box 51179 Jacksonville, Florida 32240	Treasure	er	

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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 Add	Mailing Address		Committee Title or Position					
Kevin M. Clair	Post Office Box 51179 Jacksonville, Florida 32			Chairperson					
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					
Tracye Polson	Post Office Box 51179 Jacksonville, Florida 32240	Jacksonville (City Council		Democratic Party				
8. List Any Issues this Committee is Supporting: To Be Determined									
List Any Issues this Committee is Opposing: 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? Return to contributors or donate to an IRC Section 527 or 501(c) organization									
11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds									
Name of Bank or De	Mailing Address								
Truist		13728 Beach Boulevard Jacksonville, Florida 32224							
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 o	f Official	Mailing Address					
Form 8871 Form 1120 POL	within 24 hours Annual	IRS IRS		Ogden, UT Ogden, UT					
STATE OF FLORIDA		DUVAL COUNT			COUNTY				
I, Kevin M. Clair		, certify that the information in this Statement of							
Organization is complete, true and correct.									
x K-1	9/13/21								
Signature of			Dat	te					