STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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APR 0 1 2022

DUVAL COUNTY ELEC. By_____

Full Name of Committee Housing for the Homeless	Telephone 904-359-0011 c/o A. W. Barlow, Esq.					
Mailing Address (include city Post Office Box 26098, Ja	y, state and zip code) acksonville, FL 32226-6098					
Street Address (include city, 625 W. Union Street, Jack						
Affiliated or Connected Or committees)	rganizations (includes other committees of con	ntinuous existence and political				
Name of Affiliated or Connected Organization	Mailing Address	Relationship				
A Arra Cases and Juriodist	in of the Committee					
3. Area, Scope and Jurisdiction of the Committee The Consolidated City of Jacksonville, Duval County, Florida						
4. Nature of Organization or 0 Housing for the Homeless	Organization's Special Interest (e.g., medical, l	egal, education, etc.)				
	and Position, the Custodian of Books and Acc					
Full Name	Mailing Address	Committee Title or Position				
George Arnez Spencer, Jr.	3450 Dunn Avenue, Suite #305, Jacksonville, FL 32218	Treasurer				

6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the						
Finance Committee, If	Finance Committee, If Any (include chalrman's name)			· · · · · · · · · · · · · · · · · · ·		
Full Name	Mailing Add	ress	Committee Title or Position			
Avin Wellington Barlow, Sr.	Post Office Box 26098, Jacksonville, FL. 32220	6	Chairman			
Cassandra Denise Barlow	Post Office Box 26098, Jacksonville, FL. 32220	6	Vice-chairperson			
Clara Coleman	2313 Cherokee Cove Trail Jacksonville, FL. 32	2221	Member			
Celeste Aliman-douglas	3840 Division St, Jacksonville FL, 32209		Member			
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		
None	n/a	n/a		n/a		
8. List Any Issues this Committee is Supporting: Establishing a permanent source of funding for the						
homeless List Any Issues this Committee is Opposing: The refusal of the city to reserve funding for the same						
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? The remaining funds will be donated to an IRS certified non-profit entity that assists the homeless						
11. List all Banks, Safety	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		P.O. Box 45085 Jacksonville, FL 32232				
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 M	ailing Address		
none	n/a	n/a	n/a			
STATE OF Florida		Duval COUNTY				
STATE OF I TOTICA COUNTY						
I, Alvin Wellington Barlow, Sr. , certify that the information in this Statement of						
Organization is complete, true and correct.						
x BM		03/29/2022				
Signature of	Date					