STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY
RECEIVED

MAY 17 2022

DUVAL COUNTY ELEC. By_____

Full Name of Committee Duval United Communitie			Telephone (813) 947-3007				
			<u> </u>				
Mailing Address (include city 6469 Ballejo Court N, Jac	•						
	,						
Street Address (include city,	state and zip code)						
6469 Ballejo Court N, Jac	ksonville, FL 32210						
Affiliated or Connected Or committees)	ganizations (includes other committees of cor	itinuous exi	stence and political				
Name of Affiliated or Connected Organization	Mailing Address		Relationship				
3. Area, Scope and Jurisdiction of the Committee Duval County							
4. Nature of Organization or Law Enforcement	Organization's Special Interest (e.g., medical, l	egal, educa	ition, etc.)				
	and Position, the Custodian of Books and Ac	· ·	<u>-</u>				
Full Name	Mailing Address		Committee Title or Position				
Christopher Jevaun Nurse	6469 Ballejo Court North, Jacksonville, FL 32210	Chairperson and Treasurer					

		d Position, Other Principal (/ (include chairman's name)		Officers a	nd Memi	bers of the		
Full Name		Mailing Address		Committee Title or Position				
Christopher Jevaun Nurse		6469 Ballejo Court Nort FL 32210	North, Jacksonville,		Chairperson and Treasurer			
		l ffice Sought and Party Affilia (if none, please indicate)	ation Each Candida	ate or Oth	er Indivi	dual that this		
Full Name		Mailing Address	Office Sought		Party			
Wayne Clark	ı	D. Box 440162 cksonville, FL - 32222	Jacksonville	Sheriff		Democratic		
8. List Any Issues this Committee is Supporting: Community Policing, violence reduction.								
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? Donate to non-profits dedicated to youth crime reduction, mentoring and/or workforce development.								
11. List all Banks, Safety	De _l	oosit Boxes, or Other Depos	itories Used for Co	ommittee	Funds			
Name of Bank or Depository & Account Number			Mailing Address					
VyStar Credit Union		76 S Laura St, Jacksonville, FL 32202						
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	of Official	М	ailing Address		
STATE OF Florida		Duval county						
Christopher Jevaun Nurse , certify that the information in this Statement of						Statement of		
Organization is complete,	true	and correct.						
X								
Signature of Chairman of Political Committee Date								