



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
JOSEPH HILTON DAY	130 E 43RD ST JACKSONVILLE, FL 32208	CHAIRMAN

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
JOSEPH HILTON DAY	130 E 43RD ST JACKSONVILLE, FL 32208	PROPERTY APPRAISER DUVAL COUNTY	REPUBLICAN

8. List Any Issues this Committee is Supporting: FAIR ELECTIONS, GOOD GOVERNANCE  
SENDING CARPET BAGGER POLITICIANS BACK TO WHERE THEY  
List Any Issues this Committee is Opposing: ELECTION FROM  
ELECTION OF DONALD TRUMP TO ANY POLITICAL OFFICE

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?

HUMAN 4 HUMANS, INC

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	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

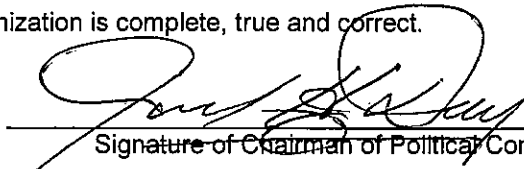
Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
N/A			

STATE OF FLORIDA DUVAL COUNTY

I, JOSEPH H. DAY, certify that the information in this Statement of

Organization is complete, true and correct.

X

  
Signature of Chairman of Political Committee

7-22-2022  
Date