

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

RECEIVED

DEC 10 2024

DUVAL COUNTY ELEC.

## 1. Full Name of Committee

COALITION OF BLACK REPUBLICAN  
AMERICANS (COBRA)

Telephone

904-803-3708

Mailing Address (include city, state and zip code)

219 N. Newnan St. JAX. FL. 32202

Street Address (include city, state and zip code)

Same as above

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship
Coalition of Black Republican Americans Inc.	219 N. Newnan St. Jax. FL. 32202	Parent

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

Supporting or opposing countywide or less than countywide candidates and or issues.

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

Grassroots, community engagement,

## 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
SHAMARI LEWIS	219 N. Newnan St. Jax. FL. 32202	<del>Chairman</del> Treasurer
Godwin Combs	219 N. Newnan St. Jax. FL. 32202	Deputy Treasurer

<b>6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)</b>			
Full Name	Mailing Address	Committee Title or Position	
SHAMARI LEWIS Cedwin Gumbs	219. N. Newnan St Jax. FL 32202	Chairman Dep. Trsr.	

<b>7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)</b>			
Full Name	Mailing Address	Office Sought	Party
NONE			

**8. List Any Issues this Committee is Supporting:** NONE  
**List Any Issues this Committee is Opposing:** NONE

**9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party**  
Republican Party

**10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?**  
Dispersed.

<b>11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds</b>	
Name of Bank or Depository & Account Number	Mailing Address
TRUIST BANK	5258 Norwood Ave. Unit 15 Jax, FL 32208

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

STATE OF FLORIDA DUAL COUNTY

I, SHAMARI LEWIS, certify that the information in this Statement of Organization is complete, true and correct.

**X** [Signature] Signature of Chairman of Political Committee

10 December 2024 Date