

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

OFFICE USE ONLY

RECEIVED

MAR 01 2018

DUVAL COUNTY ELEC.

By AS

1. Full Name of Committee

JACKSONVILLE ON THE RISE

Telephone

941-488-7794

Mailing Address (include city, state and zip code)

1ST FLOOR 140 W. MONROE ST
JACKSONVILLE, FL 32202

Street Address (include city, state and zip code)

1ST FLOOR 140 W MONROE ST
JACKSONVILLE, FL 32202

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

Name of Affiliated or
Connected Organization

Mailing Address

Relationship

N/A

3. Area, Scope and Jurisdiction of the Committee

Duval County. To support or oppose candidates for statewide, multi-county, legislative of local office and other activities not prohibited by Chapter 106 Florida Statute

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

POLITICAL

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

ERIC ROBINSON

133 S HARBOR DRIVE
VENICE, FL 34285

TREASURER

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 |
|---------------|-------------------------------------|-----------------------------|
| ERIC ROBINSON | 133 S HARBOR DR VENICE, FL 34285 | 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 |
|------------------|-----------------|---------------|-------|
| TO BE DETERMINED | | | |

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?

Contribute to Candidates, Political Parties, Political Committees

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

| Name of Bank or Depository & Account Number | Mailing Address |
|---|--|
| SUNTRUST BANK | 1670 South Venice Bypass VENICE, FL 34293 |

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 |
|---|--|-----------------------------|-----------------|
| FORM 8871 FORM 1120POL FORM 990 AS MAY BE REQUIRED | UPON FORMATION MAR 15-ANNUALLY MAY 15-ANNUALLY | INTERNAL REVENUE SERVICE | OGDEN UT 84201 |

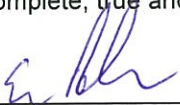
STATE OF FLORIDA

SARASOTA COUNTY

I, ERIC ROBINSON, certify that the information in this Statement of

Organization is complete, true and correct.

X


Signature of Chairman of Political Committee

2/27/18
Date