

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

OFFICE USE ONLY

RECEIVED

JAN 24 2019

DUVAL COUNTY ELEC.
By 

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 or 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

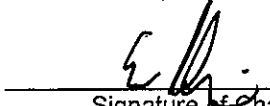
Mailing Address

Committee Title or Position

ERIC ROBINSON

133 S HARBOR DR
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
LENNY CURRY	221N HOGAN ST STE 393 JACKSONVILLE, FL 32202	MAYOR OF JACKSONVILLE	REPUBLICAN
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 <u>FLORIDA</u>		<u>SARASOTA</u> COUNTY	
I, <u>ERIC ROBINSON</u> , certify that the information in this Statement of Organization is complete, true and correct.			
X <u></u> Signature of Chairman of Political Committee		<u>1/23/2019</u> Date	