

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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SEP 17 2019

DUVAL COUNTY E. EC.
By JS

1. Full Name of Committee

Telephone

Keep It Real Tax

(904) 434-8799

Mailing Address (include city, state and zip code)

1004 South Bank Way, St Johns, FL 32259

Street Address (include city, state and zip code)

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

Name of Affiliated or
Connected Organization

Mailing Address

Relationship

3. Area, Scope and Jurisdiction of the Committee

A better Jacksonville

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

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

James Nealis

*1004 South Bank Way
St Johns FL 32259*

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

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

8. List Any Issues this Committee is Supporting:

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?

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

Name of Bank or Depository & Account Number	Mailing Address
<i>Uystar Credit Union</i>	<i>101 Bartram Oaks Way Fruit Cove, FL 32259</i>

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

STATE OF Florida COUNTY Duval

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

X *James Nealis*
Signature of Chairman of Political Committee

9/17/19
Date