

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY  
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JAN 22 2019

DUVAL COUNTY ELEC.  
By BB

## 1. Full Name of Committee

LET'S STAY TOGETHER

Telephone

941-488-7794

Mailing Address (include city, state and zip code)

133 S HARBOR DR  
VENICE, FL 34285

Street Address (include city, state and zip code)

133 S HARBOR DR  
VENICE, FL 34285

## 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
Carlo Fassi	1401 Riverplace Blvd. #2802 Jacksonville, FL 32207	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

Duval COUNTY

I, Carlo Fassi, certify that the information in this Statement of

Organization is complete/true and correct.

**X**

Signature of Chairman of Political Committee

1/16/19  
Date