## STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

## OFFICE USE ONLY

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1. Full Name of Committee	iee
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Strong Classrooms for Our Future

Telephone

813-254-3369

Mailing Address (include city, state and zip code)

610 S. Boulevard Tampa, FL 33606

Street Address (include city, state and zip code)

610 S. Boulevard Tampa, FL 33606

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship
Strong Schools, Stronger Hillsborough, Inc.	101 E. Kennedy Blvd., Suite 2800 Tampa, FL 33602	Connected

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

Countrywide committee to engage in activity related to education policy.

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

## Education

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
Nancy H. Watkins	610 S. Boulevard Tampa, FL 33606	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					
Rosemary Buchanan Robert I. Watkins	610 S. Boulevard Tampa, FL 33606 610 S. Boulevard Tampa, FL 33606	Chair Deputy Treasurer						
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			
N/A								
8. List Any Issues this Com	mittee is Supporting: To be	determined						
List Any Issues this Com	mittee is Opposing:	determined						
9. If this Committee is Supp n/a	porting the Entire Ticket of a	Party, Give Name of	f Party					
1 _	ion, What Disposition will be and 501c3 organiza			e perr	nitted by law.			
11. List all Banks, Safety De	eposit Boxes, or Other Depos	sitories Used for Co	mmittee	Funds				
Name of Bank or Depos	itory & Account Number		Mailing .	Address				
The Bank of Tampa	ank of Tampa 601 Bayshore Blvd. Tampa, FL 33606							
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 o	f Official	М	ailing Address			
Form 8976 Form 990	Upon formation May 15 of each year	For all: Internal Revenue Service Center	e e	For all: Ogden	, UT 84201			
STATE OF Florida	STATE OF Florida Hillsborough COUNTY							
Rosemary Buchanan , certify that the information in this Statement of								
Organization is complete, true and correct.  X Signature of Chairman of Political Committee  Signature of Chairman of Political Committee  Date								