STATEMENT OF ORGANIZATION **OF POLITICAL COMMITTEE**

(PLEASE TYPE)

OFFICE USE ONLY

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2022 MAR -4 PM 12: 22

		BRIAN SUPERVISO	E. CORLEY R OF ELECTIONS				
1. Full Name of Committee			Telephone A				
Lift Up Pa	Vico		813-4510107				
Mailing Address (include city, state and zip code)							
PO Box 22 Land O' Larkes FL 34639							
Street Address (include city, state and zip code)							
6571 Circle Boulevard #201							
New Port Richey FL 34652							
2. Affiliated or Connected Org committees)	ganizations (includes other committe	es of continuous ex	istence and political				
Name of Affiliated or Connected Organization	Mailing Address		Relationship				
3. Area, Scope and Jurisdiction of the Committee Support of Ballot Referendum for Pasco schools							
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	Mailing Address Cor					
Rick Kurtz	13254 Lake Padgett Drive Trea and O'Lakes FL 34639		urer				
	Lary O' Lakes PL 346	934					

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 Addr	Mailing Address Committee Title or		ee Title or Position		
Beth Brown	6571 Circle Bo New Port Richey	wevard to	Levard to Chair person			
-		34652				
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	Office Sought Party			
None						
8. List Any Issues this Committee is Supporting: Ballot Reference on supporting Pasco Schools.						
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? PASCO Educa for Foundation						
11. List all Banks, Safety	Deposit Boxes, or Other Depos	itories Used for Co		7 50000		
Name of Bank or Depository & Account Number		Mailing Address 🔀				
will submit u	when opened	23434 5R 54				
		LWTZ FL 33559				
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	Mailing Address		
STATE OF Florida		Pas	Pasco COUNTY			
I, Beth Brown , certify that the information in this Statement of						
Organization is complete, true and correct.						
X Duffer March 3 2022 Signature of Chairman of Political Committee March 3 2022 Date						