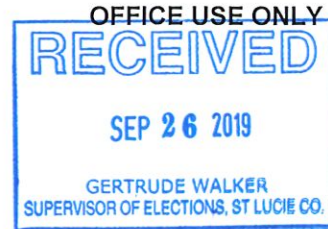


STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)



1. Full Name of Committee

Telephone

The Committee For Local Issues

772-332-6811

Mailing Address (include city, state and zip code)

*P.O. Box 881272
Port St. Lucie FL 34988*

Street Address (include city, state and zip code)

*P.O. Box 881272
Port St. Lucie FL 34988*

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship
<i>None</i>		

3. Area, Scope and Jurisdiction of the Committee

Supporting or opposing countywide or less than countywide candidates and/or issues

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

Local elections

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
<i>Steven Allen</i>	<i>3402 SW Elliot St Port St. Lucie FL 34953</i>	<i>Treasurer</i>

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
Steven Allen	3402 SW Ellis St. Port St. Lucie Florida 34953	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
None			

8. List Any Issues this Committee is Supporting: Single-Member Districts

List Any Issues this Committee is Opposing: None

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party

None

10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?

Donation

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

Name of Bank or Depository & Account Number	Mailing Address
T.D. Bank	475 S.E. Port St. Lucie BLVD Port St Lucie FL 34984

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
None			

STATE OF Florida COUNTY Saint Lucie

I, Steven Allen, certify that the information in this Statement of

Organization is complete, true and correct.

X


Signature of Chairman of Political Committee

9-26-19
Date