STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

DE ELECTIONS

2024 JUN -7 AM II: 24

		ST JOHNS_	COUNTY				
1. Full Name of Committee		VICKY O	Kelephone				
OUR ST. JOHN	COUNTY		904 6128227				
Mailing Address (include city, state and zip code)							
1174 HECK RD PONTE VEOM BEACH, FL 32082							
Street Address (include city, state and zip code)							
1174 NECK RO PONTEVEDOM BEACH, FL 32082							
2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)							
Name of Affiliated or Connected Organization	Mailing Address	3	Relationship				
MA							
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3. Area, Scope and Jurisdiction of the Committee							
POLITICS IN ST. JOHNS COUNTY							
4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)							
POLITICS, EDUCATION							
5. Identify by Name, Address	and Position, the Custodian of Book						
Full Name	Mailing Address		Committee Title or Position				
NZIL RATHBA	1174 HECK RD POSTE VERM BC EL 3208	CHAIR	The Easur En				
	1-0p-12 1-2014 BC	They	Theasunen				
	pc 2202						
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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 Position	
NEIL RASHBA	1174 NECK RD. P	FL 3208-			
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	
ANN TAYLOR	353 TAVISTOCK DR	COUTY COMMISSIONER R		REP	
MAN MARIE EVANS	353 TAVISTOCK DR 39095 PROTECTUS	COUNTY COMMISSIONER		REP	
8. List Any Issues this Committee is Supporting: ANN TAYLOR, ANNE MAME EVANS List Any Issues this Committee is Opposing:					
9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party N/Λ					
10. In the Event of Dissolu	ition, What Disposition will be	Made of Residual F	unds?		
RETURN TO	DONORS				
11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds					
Name of Bank or Depository & Account Number		Mailing Address			
PNC		155 Corkingor RD			
		155 CORNIDOR RD PONTE VERNA BUH, FL 32082			
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 M	lailing Address	
NA					
STATE OF FLOWIDA ST. TO HAS I, N214 RASHBA , certify that the information in this Statemen			COUNTY		
I, <u>RASHBA</u> , certify that the information in this Statement of					
Organization is complete, true and correct.					
X MMbr 6/7/24					
Signature of Chairman of Political Committee / Date					