## STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)



City Clerk's Office City of Neptune Beach

1. Full Name of Committee American Values Fil							
Mailing Address (include city, state and zip code) P.O Box 75650, Washington, D.C. 20013							
Street Address (include city, state and zip code) P.O Box 75650, Washington, D.C. 20013							
2. Affiliated or Connected Org committees)	ganizations (includes other committees of cont	tinuous exi	stence and political				
Name of Affiliated or Connected Organization	Mailing Address	Mailing Address					
NONE							
3. Area, Scope and Jurisdiction of the Committee Support/oppose only municipal candidates and/or issues							
4. Nature of Organization or G Federal independer	Organization's Special Interest (e.g., medical, le nt-expenditure only committee	egal, educa	ation, etc.)				
5. Identify by Name, Address	and Position, the Custodian of Books and Acc						
Full Name	Mailing Address		mittee Title or Position				
Joel Riter	P.O. Box 75650	Custoo	lian of				
	Washington, D.C.	Record	ls and				
	20013	Treasu	irer				

6. List by Name, Address Finance Committee, if	and Position, Other Principal C Any (include chairman's name)	officers, including (	Officers and Memi	bers of the		
Full Name		Malling Address		Committee Title or Position		
Joel Riter	P.O. Box 75650	ox 75650 Chairman				
	Washington, D.C.					
	20013					
7. List by Name, Address	, Office Sought and Party Affiliang (if none, please indicate)	ation Each Candida	te or Other Indivi	dual that this		
Full Name	Mailing Address	Office Sought Party		Party		
Tom Patton	<b>3</b>	Neptune Beach				
		City Coun				
		Oity Cours				
8. List Any Issues this Co	ommittee is Supporting: NON	E				
List Any Issues this C	ommittee is Opposing:					
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?						
11. List all Banks, Safety	Deposit Boxes, or Other Depos	itories Used for Co	mmittee Funds			
Name of Bank or Depository & Account Number			Mailing Address			
Chain Bridge Bank		1445-A Laughlin Avenue				
		McLean, VA 22101				
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	of Official N	lailing Address		
STATE OF Florida		Duval		COUNTY		
, Joel Riter		, certify that the i	nformation in this S	Statement of		
Organization is complete,	true and correct.					
X / 10/25/18						
	Chairman of Political Committee	-	Da	te		

## REGISTERED AGENT STATEMENT OF APPOINTMENT

(Section 106.022, F.S.)



	100					
Original Appointment Change of Appoin	tment	City Clerk's Office City of Neptune Beach				
Change of Mailing Address						
Registered Agent and Office Information						
Name Angela Manley		Telephone				
Street Address 708 Barberry Place						
City Brandon	State FL	Zip Code 33510				
Mailing Address same as above						
City	State	Zip Code				
I accept this appointment and confirm that I am forth in Section 106.022, F.S. I also understan statement of resignation and filing it with the application.	d that I may resign this	the obligations of the position as set appointment by executing a written				
and market	10	/25/18				
Signature of Registered Agent	Da	ate				
Former Registered Agent and Office Information (for changes only)						
Name		Telephone				
Street Address						
City	State	Zip Code				
Committee or	Organization Info	mation				
Name of Committee or Organization American Values First						
Street Address P.O. Box 75650		Telephone N/A				
City Washington	State DC	Zip Code 20013				
m						
Signature of Chairperson						
Joel Riter	10	)/25/18				

## APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR

POLITICAL COMMITTEES (Sections 106.011(2) and 106.021(1), F.S.)



CHECK APPROPRIATE BOX:	OFFICE USE ONLY				
Initial Filing of Form Re-filing to Change:	Treasurer/De	puty 🗆 Prim	nary/Secondary Depository		
Committee or Organization     American Values First		2. Telephone ( ) N/A			
3. Name of Treasurer or Deputy Treasurer 4. Email (optional <b>Joel Riter</b>	5. Telephone (optional)				
6. Mailing Address P.O. Box 75650, Washington, D.C. 20013					
7. Street Address P.O. Box 75650, Washington, D.C. 20013					
8. The following bank has been designated as the Primary Depository Secondary Depository					
9. Name of Bank	10. Street Address				
Chain Bridge Bank	1445-A Laughlin Avenue				
11. City McLean	12. State		13. Zip Code <b>22101</b>		
14. Signature of Chairman	15. Name of Chairman (Print or Type)  Joel Riter				
Campaign Treasurer's Acceptance of Appointment					
Joel Riter , do hereby accept the appointment as					
(Please Print or Type)  American Values First					
treasurer or deputy treasurer for	(Committee or Organi	zation)	······································		
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.					
10/25/18 x	0/				
Date	Signature of Camp	aion Treasurer or D	eputy Treasurer		