Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. A Better Orlando PAC 2800 S Adams St Unit 5651 ADDRESS (number and street) (Check if address is changed) Tallahassee 32314 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS sbsllc2017@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2021 C00786269 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Green, Shelby, , , Type or Print Name of Treasurer Green, Shelby, , , [Electronically Filed] 80 03 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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	orm 1 (Revised 02/2009)  COMMITTEE	Page <b>2</b>
	e Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		_
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) <b>x</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC <b>Form 1</b> (Revised 0	)2/2009)	   Page <b>3</b>
Write or Type Committee Name		1 191 1
A Better Orland		
	organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
NONE		
Mailing Address		
	CITY STATE Z	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor
books and records.	tify by name, address (phone number optional) and position of the person in poss	ession of committee
Full Name	,2800 S Adams St Unit 5651	
Mailing Address		
	Tallahassee , FL , 32314	
	Tallahassee FL 32314	
Title or Position	CITY STATE Z	IP CODE
		61 3941
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the namessistant treasurer).	e and address of
Full Name Green, She of Treasurer	elby, , ,	
Mailing Address	2800 S Adams St Unit 5651	
	Tallahassee FL 32314	
Title or Position	CITY STATE Z	IP CODE
	Telephone number 850 – 60	61 3941

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Full Name of Designated Agent G	ireen, Shelby, , ,	
Mailing Address	2800 S Adams St Unit 5651	
	Tallahassee FL 32314	ZIP CODE
Title or Position		
safety deposit boxes Name of Bank, Dep	epositories: List all banks or other depositories in which the committee deposits funds, hose or maintains funds.  sository, etc.  Suntrust	olds accounts, rents
safety deposit boxes Name of Bank, Dep	Sor maintains funds. sository, etc.  Suntrust  3522 Thomasville Rd	
safety deposit boxes Name of Bank, Dep	Sor maintains funds. Pository, etc.  Suntrust    3522 Thomasville Rd	
safety deposit boxes Name of Bank, Dep	Sor maintains funds. sository, etc.  Suntrust  3522 Thomasville Rd	
safety deposit boxes Name of Bank, Dep	Sor maintains funds. sository, etc.  Suntrust  3522 Thomasville Rd  Tallahassee  FL 32309	
safety deposit boxes Name of Bank, Dep  Mailing Address	Sor maintains funds. sository, etc.  Suntrust  3522 Thomasville Rd  Tallahassee  FL 32309	
safety deposit boxes Name of Bank, Dep  Mailing Address	Sor maintains funds. sository, etc.  Suntrust  3522 Thomasville Rd  Tallahassee  FL 32309	
safety deposit boxes  Name of Bank, Dep  Mailing Address  Name of Bank, Dep	Sor maintains funds. sository, etc.  Suntrust  3522 Thomasville Rd  Tallahassee  FL 32309	
safety deposit boxes  Name of Bank, Dep  Mailing Address  Name of Bank, Dep	Sor maintains funds. sository, etc.  Suntrust  3522 Thomasville Rd  Tallahassee  FL 32309	

## : 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: