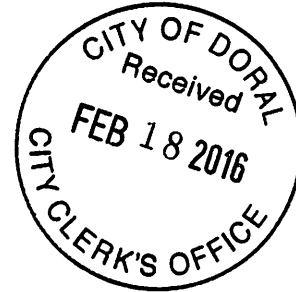


**ELECTIONEERING  
COMMUNICATIONS ORGANIZATION**

**STATEMENT OF ORGANIZATION**

(PLEASE TYPE)



OFFICE USE ONLY

1. Full Name of Organization DORAL TODAY AND TOMORROW

Telephone 305-389-2256

Mailing Address (include city, state and zip code)

P O BOX 524088, MIAMI FL 33152

Street Address (include city, state and zip code)

1457 SE 22 Lane, Homestead, FL 33035

2. Affiliated or Connected Organizations

Name of Affiliated or Connected Organization	Mailing Address	Relationship
N/A		

3. Area, Scope and Jurisdiction of the Organization

CITY OF DORAL

4. Identify by Name, Address & Position, the Custodian of Books & Accounts for the Organization

Full Name	Mailing Address	Street Address	Title or Position
Wendy Sejour	P O BOX 524088 MIAMI FL 33152	1457 SE 22 LANE HOMESTEAD, FL 33035	TREASURER

5. This Organization was formed (check applicable box): (Calendar quarters end the last day of March, June, September, and December.)

- As a newly created organization during the current calendar quarter.  
 From an organization existing prior to the current calendar quarter.

**6. List By Name, Mailing and Street Address, & Position, Other Principal Officers, including the treasurer and deputy treasurer, if any. Include the top-ranking officer's (e.g., chairperson) name and information.**

Full Name	Mailing Address	Street Address	Title or Position
MARIA HILLS	P O BOX 524088 MIAMI, FL 33152	6360 NW 114 AVE APT 224 DORAL, FL 33178	CHAIRPERSON
WENDY SEJOUR	P O BOX 524088 MIAMI, FL 33152	1457 SE 22 LANE HOMESTEAD, FL 33035	TREASURER

**7. In the Event of Dissolution, What Disposition will be Made of the Residual Funds?**  
CONTRIBUTION TO A NON-PROFIT

**8. List All Banks, Safety Deposit Boxes, or Other Depositories Used by this Organization for Electioneering Communications**

Name of Bank or Depository	Mailing Address
BB&T	2500 NW 107 AVENUE, SUITE 100 DORAL, FL 33172

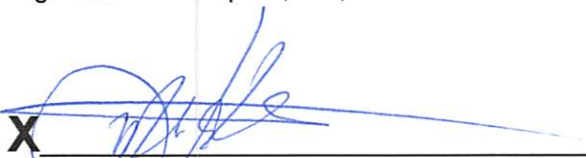
**9. List All Reports Required to be Filed by this Organization with Federal Officials, & the Names, Addresses, & Positions of Such Officials, If Any**

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
N/A			

STATE OF FLORIDA MIAMI-DADE COUNTY

I, MARIA HILLS, certify that the information in this Statement of

Organization is complete, true, and correct.

  
 Signature of Top-ranking Principal Officer of Organization

FEBRUARY 2, 2016  
Date