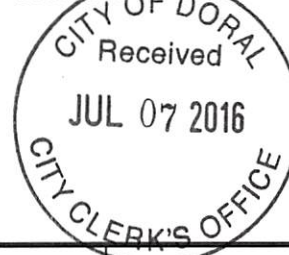


STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY



1. Full Name of Committee
FOR A BETTER DORAL PC

Telephone
305-445-0777

Mailing Address (include city, state and zip code)
2600 SOUTH DOUGLAS ROAD, SUITE 900
CORAL GABLES, FL 33134

Street Address (include city, state and zip code)
2600 SOUTH DOUGLAS ROAD, SUITE 900
CORAL GABLES, FL 33134

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

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

3. Area, Scope and Jurisdiction of the Committee
CITY OF DORAL-IMPROVE THE QUALITY OF LIFE OF DORAL RESIDENTS.

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

POLITICAL

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
JOSE A. RIESCO, CPA	2600 SOUTH DOUGLAS ROAD, SUITE 900 CORAL GABLES, FL 33134	TREASURER AND CUSTODIAN OF BOOKS
JEANNINE RIESCO MIRANDA	2600 SOUTH DOUGLAS ROAD, SUITE 900 CORAL GABLES, FL 33134	DEPUTY TREASURER

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
ANTHONY BUSTAMANTE	5246 SW 8 STREET, SUITE 205-D MIAMI, FL 33134	CHAIRPERSON

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
CLAUDIA MARIACA AND OTHERS TO BE DETERMINED	9319 NW 50 DORAL CR S DORAL, FL 33178	CITY OF DORAL COUNCIL, SEAT #1	N/A

8. List Any Issues this Committee is Supporting: TO BE DETERMINED

List Any Issues this Committee is Opposing: TO BE DETERMINED

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?

CONTRIBUTE TO CANDIDATES, POLITICAL COMMITTEES, POLITICAL PARTIES, AND OTHER ACTIVITIES NOT PROHIBITED BY LAW.

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

Name of Bank or Depository & Account Number	Mailing Address
SUN TRUST BANK	201 ALHAMBRA CIRCLE CORAL GABLES, FL 33134

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

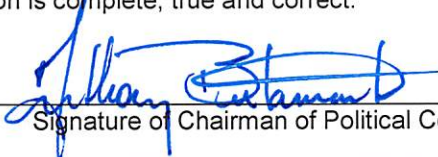
Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
FORM SS-4	UPON FORMATION	IRS	OGDEN, UT 84201
FORM 8871	UPON FORMATION	IRS	OGDEN, UT 84201
FORM 1120POL	MARCH 15, ANNUALLY	IRS	OGDEN, UT 84201
FORM 990	MAY 15, ANNUALLY	IRS	OGDEN, UT 84201

STATE OF FLORIDA MIAMI-DADE COUNTY

I, ANTHONY BUSTAMANTE, certify that the information in this Statement of

Organization is complete, true and correct.

X


Signature of Chairman of Political Committee

07/05/16
Date