

**ELECTIONEERING COMMUNICATION
STATEMENT OF ORGANIZATION**

(PLEASE TYPE)

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

OFFICE USE ONLY

1. Full Name of Organization

Citizens for a Reality Check

Telephone

786-877-9618

Mailing Address (include city, state and zip code)

634 SE 6th Place, Hialeah, FL 33010

Street Address (include city, state and zip code)

634 SE 6th Place, Hialeah, FL 33010

2. Affiliated or Connected Organizations

Name of Affiliated or Connected Organization	Mailing Address	Relationship
None		

3. Area, Scope and Jurisdiction of the Organization

Miami-Dade County Issues

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

Full Name	Mailing Address	Street Address	Title or Position
Nestor Alfonso Iglesias	634 SE 6th Place Hialeah, FL 33010	634 SE 6th Place Hialeah, FL 33010	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
Nestor Alfonso Iglesias	634 SE 6th Place Hialeah, FL 33010	634 SE 6th Place Hialeah, FL 33010	Chairperson and Treasurer

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7. In the Event of Dissolution, What Disposition will be Made of the Residual Funds?

Returned pro-rata to contributors

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

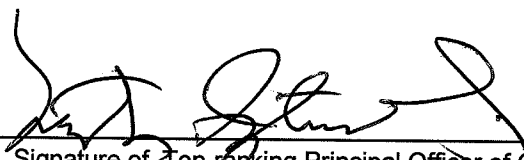
Name of Bank or Depository	Mailing Address
Total Bank	8311 SW 40th Street Miami, FL 33155

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
None			

STATE OF Florida COUNTY Miami-Dade

I, Nestor Alfonso Iglesias, certify that the information in this Statement of Organization is complete, true, and correct.

X 
 Signature of Top-ranking Principal Officer of Organization

April 1, 2011
 Date

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**
(Section 106.022, F.S.)

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MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

- Original Appointment Change of Appointment
 Change of Mailing Address Change of Physical Address

Registered Agent and Office Information

Name **Nestor Alfonso Iglesias** Telephone **786-877-9618**

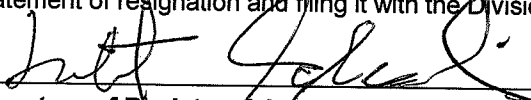
Street Address **634 SE 6th Place**

City **Hialeah** State **FL** Zip Code **33010**

Mailing Address **634 SE 6th Place**

City **Hialeah** State **FL** Zip Code **33010**

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the Division of Elections.


Signature of Registered Agent

April 1, 2011

Date

Former Registered Agent and Office Information (for changes only)

Name Telephone

Street Address

City State Zip Code

Committee or Organization Information

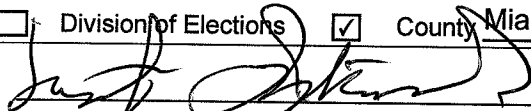
Name of Committee or Organization
Citizens for a Reality Check

Street Address **634 SE 6th Place** Telephone **786-877-9618**

City **Hialeah** State **FL** Zip Code **33010**

Committee or organization is registered with:

- Division of Elections County **Miami-Dade** City _____


Signature of Chairperson

Nestor Alfonso Iglesias

Print Name of Chairperson

April 1, 2011

Date