

**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 Clarity

Telephone

305-785-6017

Mailing Address (include city, state and zip code)

PO Box 941483, Miami, FL 33194

Street Address (include city, state and zip code)

1033 NW 136 Avenue, Miami, FL 33182

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
Ileana A. Llorella	PO Box 941483, Miami, FL 33194	1033 NW 136 Avenue, Miami, FL 33182	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
Ileana A. Llorella	PO Box 941483, Miami, FL 33194	1033 NW 136 Avenue, Miami, FL 33182	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

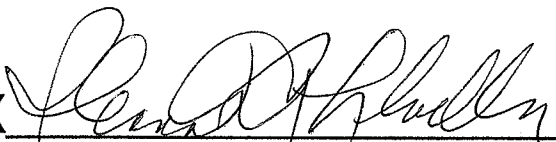
9. List All Reports Required to be Filed by this Organization with Federal Officials, & the Names, Addresses, & Positions of Such Officials, If Any

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
None			

STATE OF Florida Miami-Dade COUNTY

I, Ileana A. Llorella, certify that the information in this Statement of

Organization is complete, true, and correct.

X 
 Signature of Top-ranking Principal Officer of Organization

April 18, 2011

Date

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

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ELECTIONS DEPARTMENT

☒ Original Appointment ☐ Change of Appointment
☐ Change of Mailing Address ☐ Change of Physical Address

Registered Agent and Office Information

Name **Ileana A. Llorella** Telephone **305-785-6017**


Street Address **1033 NW 136 Avenue**

City **Miami** State **FL** Zip Code **33182**

Mailing Address **PO Box 941483**

City **Miami** State **FL** Zip Code **33194**

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 18, 2011

Date

Former Registered Agent and Office Information (for changes only)

Name Telephone

Street Address

City State Zip Code

Committee or Organization Information

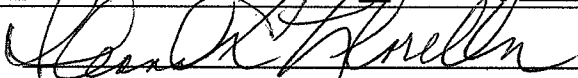
Name of Committee or Organization
Citizens for Clarity

Street Address **1033 NW 133 Avenue** Telephone **305-785-6017**

City **Miami** State **FL** Zip Code **33182**

Committee or organization is registered with:

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



Signature of Chairperson

Ileana A. Llorella

Print Name of Chairperson

April 18, 2011

Date