

# ELECTIONEERING COMMUNICATION STATEMENT OF ORGANIZATION

(PLEASE TYPE)

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MIAMI-DADE  
ELECTIONS

OFFICE USE ONLY

<b>1. Full Name of Organization</b> Miami-Dade Jobs Coalition		Telephone 786-762-4990	
Mailing Address (include city, state and zip code) PO Box 310760 Miami, FL 33231			
Street Address (include city, state and zip code) 2929 SW 3rd Avenue, Suite 220 Miami, FL 33129			
<b>2. Affiliated or Connected Organizations</b>			
Name of Affiliated or Connected Organization	Mailing Address	Relationship	
None			
<b>3. Area, Scope and Jurisdiction of the Organization</b> To engage in electioneering communications regarding candidates only in Miami-Dade County.			
<b>4. Identify by Name, Address and Position, the Custodian of Books and Accounts for the Organization</b>			
Full Name	Mailing Address	Street Address	Title or Position
Christian Ulvert	PO Box 310760 Miami, FL 33231	2929 SW 3rd Avenue, Suite 220 Miami, FL 33129	Chairman & Treasurer

**5. List by Name, Mailing and Street Address, and 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
Christian Ulvert	PO Box 310760 Miami, FL 33231	2929 SW 3rd Avenue, Suite 220 Miami, FL 33129	Chairman & Treasurer

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

Residual funds will be distributed as allowed by Florida law.

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

Name of Bank or Depository	Mailing Address
Chase Bank	80 SW 8th Street Miami, FL 33131

**8. List All Reports Required to be Filed by this Organization 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
IRS Form 8871	Upon Creation	IRS	Ogden, UT 84201-0038

Florida

Miami-Dade

COUNTY


STATE OF

Christian Ulvert

I, \_\_\_\_\_, certify that the information in this Statement of Organization is complete, true, and correct.

\_\_\_\_\_

X  Signature of Top-ranking Principal Officer of Organization

 Date