

**ELECTIONEERING COMMUNICATION
STATEMENT OF ORGANIZATION**

(PLEASE TYPE)

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ELECTIONS

OFFICE USE ONLY

1. Full Name of Organization

Citizens for Truth in Government

Telephone

305-951-2176

Mailing Address (include city, state and zip code)

PO Box 6677681, Miami, FL 33166

Street Address (include city, state and zip code)

6360 NW 114th Ave #224, Doral, FL 33178

2. Affiliated or Connected Organizations

Name of Affiliated or Connected Organization	Mailing Address	Relationship
Not Applicable		

3. Area, Scope and Jurisdiction of the Organization

Miami-Dade County

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

Full Name	Mailing Address	Street Address	Title or Position
Maria Hills	PO Box 6677681 Miami, FL 33166	6360 NW 114th Ave, #224 Doral, FL 33178	Chairperson

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
Ria Khan	PO Box 6677681 Miami, FL 33166	6332 NW 173rd Terrace Miami Lakes, FL 33015	Treasurer

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

Donation to a non-profit organization.

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

Name of Bank or Depository	Mailing Address
Chase	10795 NW 58th Street Miami, FL 33178


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
Not Applicable			

STATE OF Florida Miami-Dade COUNTY

I, Maria Hills, certify that the information in this Statement of

Organization is complete, true, and correct.

X 

 Signature of Top-ranking Principal Officer of Organization

10/15/12

 Date

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

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

Registered Agent and Office Information

Name Maria Hills		Telephone 305-951-2176
Street Address 6360 NW 114th Ave, #224		
City Doral	State FL	Zip Code 33178
Mailing Address PO Box 6677681		
City Miami	State FL	Zip Code 33166

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 applicable filing officer.

 _____ Date 10/15/12

Signature of Registered Agent


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 Truth in Government		
Street Address 6360 NW 114th Ave, #224		Telephone 305-951-2176
City Doral	State FL	Zip Code 33178

 _____
Signature of Chairperson

Maria Hills
Printed Name of Chairperson

_____ Date 10/15/2012



Access to Handbook and the Election Laws of the State of Florida

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MIAMI-DADE ELECTIONS

Candidate/Chairperson:

Maria

Hills

First Name

Middle Name

Last Name

Citizens for Truth in Government

Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

- Candidate Qualifying Handbook (http://www.miamidade.gov/elections/candidate.asp)
Political Committee Handbook (http://www.miamidade.gov/elections/pacs.asp)

Acknowledged by:

Handwritten signature

Candidate / Chairperson Signature

Date:

Primary Telephone Number:

Alternate Telephone Number:

E-mail address:

**Campaign Treasurer's Report
Electronic Filing Requirements
for Miami-Dade County**



Candidate (office sought): _____

Candidate's Florida Voter Registration Number: _____

Political Committee: _____

Party Executive Committee: _____

Other: Citizens for Truth in Government

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I, Maria Hills
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically in order to comply with Miami-Dade County requirements.

Additionally, a hard copy of the Campaign Treasurer's Reports must be printed from the Miami-Dade County Elections Department website and submitted by the reporting deadline with original signatures.

 10/15/12
Signature of Candidate or Chairperson Date

Day Time Telephone No: _____

Email Address: matHills@aol.com

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.