STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

OFFICE USE ONLY

(PLEASE TYPE)

2018 MAR 18 AM 8:51

1. Full Name of Committee	Telephone

Truth in Jobs for Miami-Dade 786-581-5555

Mailing Address (include city, state and zip code)

47 N. Krome Avenue, Suite 101 Homestead, Florida 33030

Street Address (include city, state and zip code)

47 N. Krome Avenue, Suite 101 Homestead, Florida 33030

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship
NONE	N/A	N/A
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3. Area, Scope and Jurisdiction of the Committee

Construction Jobs for Miami-Dade County residents

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

Construction Jobs for Miami-Dade County residents

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 Castro	47 N. Krome Ave, Suite 101 Homestead, Florida 33030	Chairman and 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 Addr	ess 013 Mg	113 / Committee Title or Position				
Jose Castro	47 N. Krome Avenue, S Homestead, Florida 33		Chairman and Treasurer				
	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					
NONE	NONE	NONE	NONE				
8. List Any Issues this Committee is Supporting: Jobs in Miami-Dade County, Florida							
List Any Issues this Co	sues this Committee is Opposing: None		104 · 1				
9. If this Committee is Sup	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? Donate to a local 501(c)3 Charitable Organization							
11. List all Banks, Safety	Deposit Boxes, or Other Depos	sitories Used for Committe	e Funds				
Name of Bank or Dep	Name of Bank or Depository & Account Number Mailing Address		g Address				
Regions Bank		3516 Main Highway Miami, Florida 33133					
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 Officia	Mailing Address				
Form 8871	March 4th, 2013	Internal Revenue Service	OGDEN, UT				
STATE OFFlo	STATE OF Florida Miami-Dade COUNTY						
I, Jose Castro , certify that the information in this Statement of							
Organization is complete, true and correct.							
X 03/13/13							
Signature of Chairman of Political Committee							