

**ELECTIONEERING  
COMMUNICATIONS ORGANIZATION**

**STATEMENT OF ORGANIZATION**

(PLEASE TYPE)

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MIAMI-DADE  
ELECTIONS

OFFICE USE ONLY

**1. Full Name of Organization**

WE THE PEOPLE !

Telephone

305-593-2644

Mailing Address (include city, state and zip code)

1985 NW 88TH COURT, SUITE 101, DORAL, FL 33172

Street Address (include city, state and zip code)

1985 NW 88TH COURT, SUITE 101, DORAL, FL 33172

**2. Affiliated or Connected Organizations**

Name of Affiliated or Connected Organization	Mailing Address	Relationship
N/A/		

**3. Area, Scope and Jurisdiction of the Organization**

MAKE ELECTIONEERING COMMUNICATIONS IN MIAMI-DADE COUNTY ELECTIONS SUPPORTING AND OPPOSING CANDIDATES.

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

Full Name	Mailing Address	Street Address	Title or Position
CARLOS M. TRUEBA	1985 NW 88TH CT SUITE 101 DORAL, FL 33172	1985 NW 88TH CT SUITE 101 DORAL, FL 33172	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
CARLOS M. TRUEBA	1985 NW 88TH CT SUITE 101 DORAL, FL 33172	1985 NW 88TH CT SUITE 101 DORAL, FL 33172	CHAIRMAN AND TREASURER

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

DONATE TO CHARITABLE ORGANIZATIONS 501(C)3

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 ELECTIONS

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

Name of Bank or Depository	Mailing Address
DADE COUNTY CREDIT UNION	1500 NW 107TH AVENUE DORAL, FL 33172


**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
FORM 1120POL	MARCH 15, ANNUALLY	INTERNAL REVENUE	OGDEN, UT 84201

STATE OF FLORIDA MIAMI-DADE COUNTY

I, CARLOS M. TRUEBA, certify that the information in this Statement of

Organization is complete, true, and correct.

**X**   
 Signature of Top-ranking Principal Officer of Organization

11/20/17  
 Date