

**STATEMENT OF ORGANIZATION  
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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MIAMI-DADE  
ELECTIONS

**1. Full Name of Committee**

LIBERTARIAN PARTY OF MIAM-DADE

Telephone

(305) 898. 1796

Mailing Address (include city, state and zip code)

10935 NW 79th St Doral, FL 33178

Street Address (include city, state and zip code)

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

Name of Affiliated or  
Connected Organization

Mailing Address

Relationship

LIBERTARIAN PARTY  
OF FLORIDA

636 E. 29th St Hialeah, FL

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

MIAMI-DADE COUNTY

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

POLITICAL

**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

Dennis Misigoy

23164 SW 104th Pl  
Miami, FL 33190

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 Address	Committee Title or Position
Marialexandra Garcia	10935 NW 79th St. Miami 33178	Chair
Martha Bueno	12350 SW 45th St Miami 33175	Vice-Chair

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
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8. List Any Issues this Committee is Supporting:

List Any Issues this Committee is Opposing:

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?

LIBERTARIAN PARTY OF FLORIDA

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

Name of Bank or Depository & Account Number	Mailing Address
Regions Bank	—

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 Official	Mailing Address
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STATE OF FLORIDA COUNTY MIAMI DADE

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

X

Signature of Chairman of Political Committee

Date

Nov. 4, 2018

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