## STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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2013 MAY -2 PM 3: 13

1.	Full	Name	of Co	mmittee
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Telephone

Taxpayers Against Corporate Welfare, Inc.

813-384-2507

Mailing Address (include city, state and zip code)

511 West Bay Street, Suite 350, Tampa, FL 33606

Street Address (include city, state and zip code)

511 West Bay Street, Suite 350, Tampa, FL 33606

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

Mailing Address	Relationship

3. Area, Scope and Jurisdiction of the Committee

Miami-Dade Issue Political Committee to support or oppose referenda before the voters

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
Michael Milner	4421 Saint Andrews Way Harrisburg, PA 17112-1577	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		
Juan-Carlos Planas, Esq.	18851 NE 29 Avenue, S Aventura, FL 33180	18851 NE 29 Avenue, Suite 303		Chairman	
	Office Sought and Party Affili g (if none, please indicate)	ation Each Candida	te or Oth	er Individual that this	
Full Name	Mailing Address	2 357,479		Party	
N/A					
8. List Any Issues this Co	mmittee is Supporting: TBD	At .			
	mmittee is Opposing: Taxpay	yer funded renovati	on of Sur	N. 7. 4.	
9. If this Committee is Sup N/A	pporting the Entire Ticket of a	Party, Give Name o	f Party	3:13	
500 KWA W 50 M M	10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?  Contribute to charitable organizations or as otherwise provided for by Florida Statutes				
11. List all Banks, Safety I	Deposit Boxes, or Other Depos	sitories Used for Co	mmittee	Funds	
Name of Bank or Depo	ository & Account Number		Mailing	Address	
PNC Bank, NA  2338 Linglestown Road Harrisburg, PA 17110					
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 o	f Official	Mailing Address	
Form 8871 Form1120POL Form 990, as may be required	Upon Formation March 15, annually May 15, annually	Internal Revenue Service	е	Ogden, UT 84201	
STATE OF Florida	<u> </u>	Miami-Da	de	COUNTY	
I, Juan-Carlos Planas	1 2 1-	, certify that the ir	nformation	n in this Statement of	
Organization is complete, tri	ue and correct.			y: 91	
X M				5/1/2013	
Signature of Chairman of Political Committee Date					

#### APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR

**POLITICAL COMMITTEES** 

(Sections 106.011(1) and 106.021(1), F.S.)

## RECEIVED

2013 MAY -2 PM 3:13

THE WAS COUNTY

CHECK APPROPRIATE BOX:			OFFICE USE ONLY
Original Appointment of Treasurer Reappoi	ntment of Treasurer		Deputy Treasurer
1. Committee or Organization		2. Telephone	
Taxpayers Against Corporate Welfare, Inc.		(813 ) 384-	2507
Name of Treasurer or Deputy Treasurer     4. Email (optional Control of	1)	5. Telephone (optional)	
Michael P. Millner		(717 ) 540-	3151
6. Mailing Address 4421 Saint Andrews Way, Ha	arrisburg,	PA 171	12-1577
7. Street Address 4421 Saint Andrews Way,	Harrisbu	rg, PA 1	7112-1577
8. The following bank has been designated as the Pri	mary Depository	Seconda	ry Depository
9. Name of Bank	10. Street Address	9	
PNC Bank, NA	2338 Li	nglestov	vn Rd.
11. City	12. State		13. Zip Code
Harrisburg	PA		17110
14. Signature of Chairman	15. Name of Chair	eman (Print or Type Parlos P	
Campaign Treasurer's Ac	cceptance of A	ppointment	
I, Michael Millner (Please Print or Type)		, do hereb	by accept the appointment as
treasurer or deputy treasurer for Taxpayers Against Corporate Welfare, Inc.  (Committee or Organization)			
UNDER PENALTIES OF PERJURY, I DECLARE THAT I H ACCEPTANCE OF APPOINTMENT AND			
4/24/x3 x/	nchiel.	Mich	
Date /	Signature of Camp	aign Treasurer or	Deputy Treasurer

## REGISTERED AGENT STATEMENT OF APPOINTMENT

#### OFFICE USE ONLY

RECEIVED

(Section 106.022, F.S.)		F to them. I		
		2019 MAY	-2 PM 3:13	
Original Appointment Change of Appointment		<b>清</b>	E PERMITY	
Change of Mailing Address Change of Physic	al Address	***************************************	幸 由现分数值件 [图 <b>人</b> ]	
Registered Ag	ent and O	ffice Information	on	
Name Anthony Pedicini		Telephone 813/384-2507		
Street Address 511 West Bay Street, Suite 350				
City Tampa	State FL		Zip Code 33606	
Mailing Address 511 West Bay Street, Suite 350				
City Tampa	State FL		Zip Code 33606	
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.				
Signature of Registered Agent Date			24.15	
Former Registered Agent and Office Information (for changes only)				
Name N/A		V	Telephone	
Street Address				
City	State		Zip Code	
Committee or Organization Information				
Name of Committee or Organization Taxpayers Against Corporate Welfare,Inc.				
Street Address 511 West Bay Street, Suite 350			Telephone 813/384-2507	
City Tampa	State FL		Zip Code 33606	
Signature of Chairperson				
	3/1/3			
Printed Name of Chairperson	Date			



# Access to Handbook and the Election Laws of the State of Florida PM 3: 13

Canadidata/Chainnananan		MANAGE SECONDAY
Candidate/Chairperson:		
Juan-Carlos		Planas
First Name	Middle Name	Last Name
Taxpayers Against Co	orporate Welfar	e Inc.
	Office Sought / Organizati	on
	e following resources	ad, understand and follow the s available on the Miami-Dad
Contains information on Stat Florida, County Laws and Ha	te Laws and Handbooks, andbooks, Qualifying Info	de.gov/elections/candidate.asp) the Election Laws of the State of rmation, Electronic Reporting Dates ad Recent Legislative Changes.
	te Laws and Handbooks, andbooks, Electronic Rep	the Election Laws of the State of porting Dates and Procedures,
		7
Acknowledged by:	Candidate / Chairpers	on Signature
Date:		
Primary Telephone Number:	305-929-8500	
Alternate Telephone Number:	813-384-2507	•
F-mail address: jcplanas	@kb-attorneys	.com

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



☐ Candidate (office sought):	
Candidate's Florida Voter Registration Number:	
Political Committee: Taxpayer Against Corpor	rate Welfare
□ Party Executive Committee:	
□ Other:	2 2
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, Juan-Carlos Planas	
(Please print name of Candidate or Chairperson)	
understand that Campaign Treasurer's Reports must be file	ed electronically in order to
comply with Miami-Dade County requirements.	
Additionally, a hard copy of the Campaign Treasurer's Repo	rts must be printed from the
Miami-Dade County Elections Department website and	submitted by the reporting
deadline with original signatures.	
10/1	
	5/1/13
Signature of Candidate or Chairperson	Date
Day Time Telephone No: 305-929-8500	
Email Address: jcplanas@kb-attorneys.co	m

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.