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MIAMI-DADE  
ELECTIONS

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

**1. Full Name of Committee**

Citizens for a Healthy Miami-Dade

**Telephone**

305-373-5500

**Mailing Address (include city, state and zip code)**

c/o Morrison, Brown, Argiz & Farra, LLC  
1450 Brickell Avenue, 18th Floor, Miami, Florida 33131

**Street Address (include city, state and zip code)**

c/o Morrison, Brown, Argiz & Farra, LLC  
1450 Brickell Avenue, 18th Floor, Miami, Florida 33131

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship
None		

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

Political Committee to support or oppose ballot issues and candidates for legislative, county and municipal offices in Miami-Dade County

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

Political and healthcare policy related issues

**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
Ed S. Torgas	Morrison, Brown, Argiz & Farra, LLC 1450 Brickell Avenue, 18th Floor Miami, Florida 33131	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
Antonio L. Argiz	Morrison, Brown, Argiz & Farra, LLC 1450 Brickell Avenue, 18th Floor Miami, Florida 33131	Chairman

**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
To be determined			

**8. List Any Issues this Committee is Supporting:** Local referendum on bond issue for Jackson Health System  
**List Any Issues this Committee is Opposing:** To be determined

**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?**

Contribute to political committees, 501(c)(3)s, and/or other activities allowed by Florida election law

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

Name of Bank or Depository & Account Number	Mailing Address
City National Bank of Florida	1450 Brickell Avenue Miami, Florida 33131

**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
Form SS-4 Form 8871 or 1024 as may be required	Upon formation March 15 annually	Internal Revenue Service	Ogden, Utah 84201

STATE OF Florida  Miami-Dade  COUNTY

I, Antonio L. Argiz, certify that the information in this Statement of

Organization is complete, true and correct.

X

*Antonio L. Argiz*

Signature of Chairman of Political Committee

*11/14/2013*

Date

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