STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

2017 HAR -7 AM 10: 58

MIAMI-DADE ELECTIONS

	4	7.8	ELECTIONS .		
1. Full Name of Committee Floridians for Progress		man 4 Million program of the Samura and Samu	Telephone 305-593-2644		
Mailing Address (include city 1985 NW 88th Court, Suit	•				
Street Address (include city, 1985 NW 88th Court, Suit					
2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)					
Name of Affiliated or Connected Organization	Mailing Address	Mailing Address			
None					
3. Area, Scope and Jurisdiction of the Committee City of North Miami Beach and Miami-Dade County					
Political and legisla	Organization's Special Interest (e.g., rative issues of local concerne housing, traffic and econom	including but	not		
5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)					
Full Name	Mailing Address	Cor	Committee Title or Position		
Carlos M. Trueba	1985 NW 88th Court Suite 101 Doral, Florida 33172		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 (Committee Title or Position				
Denise Corredeira	7450 SW 39th Miami, FL 33	ı	Chairwoman				
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 Sough	Sought Party				
None	•						
8. List Any Issues this Committee is Supporting: Affordable housing, transportation and economic development.							
List Any Issues this Committee is Opposing: None							
9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party None							
10. In the Event of Dissolution, What Disposition will be Made of Residual Funds? Any residual funds will be donated to 501(c)(3) organizations							
11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds							
Name of Bank or Depository & Account Number		Mailing Address					
Total Bank		DOPAL, FL 33172					
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	al N	Mailing Address			
N/A							
STATE OFFlorida		Miami-Dade COUNTY					
I,							
Organization is complete, true and correct. X Signature of Chairman of Political Committee 3 07 17 Date							