

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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2015 MAY -4 PM 4: 05

MIAMI-DADE
ELECTIONS

1. Full Name of Committee

Concerned Citizens of South Western Miami-Dade County

Telephone

305-539-2644

Mailing Address (include city, state and zip code)

1985 NW 88th Court Suite 101, Doral, Florida 33172

Street Address (include city, state and zip code)

1985 NW 88th Court Suite 101, Doral, Florida 33172

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

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

3. Area, Scope and Jurisdiction of the Committee

Issue and Candidate PC Miami-Dade County and the City of Sweetwater, Florida

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

Preserving Quality of Life in South Western Miami-Dade County

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
Jarnette G. Rodriguez	1985 NW 88th Court Suite 101 Doral, FL 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 Address	Committee Title or Position
Carlos Trueba	1985 NW 88th Court Suite 101, Doral, Florida 33172	Chairman
JC Planas, Esq.	18851 NE 29 Avenue, Suite 303, Aventura, Florida, 33180	Registered Agent

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
Manuel Duasso	10851 sw 2 st., K303	City Council, Group 7	n/a
Prisca Barretto	10311 sw 5 st., Sweetwater	City Council, Group 6	n/a
Idania Llanio	10949 sw 3 st., Sweetwater	City Council, Group 5	n/a

8. List Any Issues this Committee is Supporting: to be determined

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?

Donation to 501(c)(3) charitable organization.

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	8725 NW 18 Terrace Miami, 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 Official	Mailing Address
SS4 Form 8871 Form 1120 POL Form 990	Upon Formation Upon Formation March 15, Annually May 15, Annually	Internal Revenue Service	Ogden, UT 84201

STATE OF Florida

Miami-Dade

COUNTY

I, Carlos Trueba, certify that the information in this Statement of

Organization is complete, true and correct.

X

Signature of Chairman of Political Committee

Date

5-4-15