ELECTIONEERING COMMUNICATIONS ORGANIZATION

STATEMENT OF ORGANIZATION

(PLEASE TYPE)

RECEIVED

2016 AUG 24 PM 2: 55

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

OFFICE USE ONLY

					OFFICE USE ONLY				
1. Full Name of Organization	er for a Brighter	Future		Telephone 786-223-8553					
Mailing Address (include city, state and zip code) 107 Westward Drive #660307, Miami Springs, FI 33266									
Street Address (include city, state and zip code) 107 Westward Drive #660307, Miami Springs, FI 33266									
2. Affiliated or Connected Organizations									
Name of Affiliated or Connected Organization		Mailing Address		Relationship					
To Be Determined									
3. Area, Scope and Jurisdiction of the Organization Miami-Dade County Candidates and issues									
4. Identify by Name, Address & Position, the Custodian of Books & Accounts for the Organization									
Full Name	Mailing Address		Street Address		Title or Position				
Zaray Cabrera, CPA	107 Westward Drive #660307, Miami Springs, FI 33266		107 Westward Drive #660307, Miami Springs, FI 33266		Treasurer/Chairman				
5. This Organization was formed (check applicable box): (Calendar quarters end the last day of March, June, September, and December.) As a newly created organization during the current calendar quarter. From an organization existing prior to the current calendar quarter.									

	nd Street Address, & Position Include the top-ranking office					r and			
Full Name	Mailing Address		eet Address		Title or Position				
Zaray Cabrera, CPA	107 Westward Drive # Miami Springs, FI 3326		107 Westward Drive #660307, Miami Springs, FI 33266		Treasurer/ Chairman				
					2016 AUG 21 MIAMI-DA ELECTIONS	Zi Ci			
7. In the Event of Dissolution, What Disposition will be Made of the Residual Funds? Contributed to other committees or donated to a 501(c)(3)									
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8. List All Banks, Safety Deposit Boxes, or Other Depositories Used by this Organization for Electioneering Communications									
Name of Bank or Depository			Mailing Address						
City National Bank of Florida		8725 NW 18th Terrace #100, Miami, FI 33172							
9. List All Reports Required to be Filed by this Organization with Federal Officials, & the Names, Addresses, & Positions of Such Officials, If Any									
Report Title	Dates Required to be Filed	Name 8	R Position of Official	Official Mailing Addres		s			
Form SS-4 Form 8871 Form 8453-x Form 1120-POL Form 990	Upon formation Upon formation and at closing After Filing Form 8871 April 15, Annually March 15. Annually	Internal Service	Revenue	Ogde	en, UT 8420 [.]	1			
STATE OF Florida	Miami-Dade			COUNTY					
1, Zavay Cabrera, CPA.			, certify that the information in this Statement of						
Organization is complete, true, and correct.									
X	9/23/2016								
Signature of Top-ranking Principal Officer of Organization Date									