STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

2017 MAR 13 PH 2: 04

1. Full Name of Committee Good Government in Mia	Telephone 305-593-2644							
Mailing Address (include city, state and zip code) 1985 NW 88th Court, Suite 101, Doral, FL 33172								
Street Address (include city, state and zip code) 1985 NW 88th Court, Suite 101, Doral, FL 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								
3. Area, Scope and Jurisdiction of the Committee Political Issues regarding Miami-Dade County								
4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)								
Political and legislation issues of local concern								
5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)								
Full Name	Mailing Address	Comr	nittee Title or Position					
Carlos M. Trueba	1985 NW 88th Court, Suite 101 Doral, FL 33172	Treasure	r					

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	Mailin	Mailing Address		Committee Title or Position				
Roland Sanchez-Medi	Annual Company of the	201 Alhambra Circle, Suite 1205 Coral Gables, FL 33134		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	Office Sought		Party		
Raquel Regalado	1985 NW 88th Court Suite 101 Doral, FL 33172		Miami-Dade County Mayor		None			
8. List Any Issues this Committee is Supporting: All county issues								
List Any Issues this Committee is Opposing: None								
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? Returned pro-rata to contributors or donate to 501c3 charitable organizati								
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		7.0	8790 NW 25 Street Doral, 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 N	ame & Position o	f Official	M	ailing Address		
N/A								
STATE OF Florida			Miami-Dade county					
I, Roland Sanchez-Medina , certify that the information in this Stateme				Statement of				
Organization is complete, true and correct. X Signature of Chairman of Political Committee Date						te		