STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI-DADE ELECTIONS

			pa [14	TITES N			
1. Full Name of Committee				Telephone			
United for a Better North E	305-593-2644						
Mailing Address (include city	state and zip cod	e)					
1985 NW 88th Ct., Suite #101, Doral, FL 33172							
Street Address (include city, state and zip code)							
1985 NW 88th Ct., 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	N/A	N/A		N/A			
3. Area, Scope and Jurisdiction of the Committee							
Support all issue and candidates in the best interest of Miami-Dade County							
4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)							
Making North Bay Village Voters Voice Stronger							
5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)							
Full Name	M	Mailing Address		Committee Title or Position			
Carlos M. Truebas	1985 NW 88th Doral, FL 3317	Ct., Suite #101 2	Treasure	er			

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	Full Name Mailing Addr		Commi	ommittee Title or Position			
John Paul Arcia, Esq. 175 S.W. 7th Street, Su Miami, FL 3310		ite 2000	Chairman & 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			
N/A	N/A	N/A		N/A			
8. List Any Issues this Committee is Supporting: to be determine							
List Any Issues this Committee is Opposing: to be determine							
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 (c0 (3) charitable organization.							
11. List all Banks, Safety	/ Deposit Boxes, or Other Depos	sitories Used for Co	ommittee Fun	nds			
Name of Bank or De	pository & Account Number	Mailing Address					
City National Bank		8725 NW 18th Terr. Suite #101 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	Name & Position of	of Official	Mailing Address			
SS4 Form 8871 Form 1120 POL	Upon Formation Upon Formation March 15, Annually	Internal Revenu Service Internal Revenu	Oç le Oç	gden, UT 84201 gden, UT 84201 gden, UT 84201			
STATE OF Florida Miami-Dade COUNTY							
John Paul Arcia, Esq. SNOTTO THE Control of Authority and correct. SNOTTO THE Control of Authority and correct.							
Signature of Chairman of Political Committee Date							