

<b>STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE</b>  (PLEASE TYPE)	<b>OFFICE USE ONLY</b>	
<b>1. Full Name of Committee</b> Providing Effective Government for All Residents		Telephone 305-531-2424
Mailing Address (include city, state and zip code) 600 Brickell Avenue, Suite 1715, Miami Florida, 33131		
Street Address (include city, state and zip code) 600 Brickell Avenue, Suite 1715, Miami Florida, 33131		
<b>2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)</b>		
Name of Affiliated or Connected Organization	Mailing Address	Relationship
N/A	N/A	N/A
<b>3. Area, Scope and Jurisdiction of the Committee</b> Candidates and Issues in Miami-Dade County, the City of Sweetwater and surrounding municipalities.		
<b>4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)</b> <div style="font-size: 1.5em; font-weight: bold; text-align: center;">Recall of Sweetwater Mayor, Orlando Lopez</div>		
<b>5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)</b>		
Full Name	Mailing Address	Committee Title or Position
Ana R. Frometa	11387 SW 7th Street Sweetwater, Florida 33174	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
Gonzalo C. Sanchez	10949 SW 3rd Street Sweetwater, Florida 33174	Chairman
Juan Marin	11387 SW 7th Street Sweetwater, Florida 33174	Secretary
Juan-Carlos Planas, Esq.	600 Brickell Avenue, Suite 1715 Miami Florida, 33131	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:** Recall of Sweetwater Mayor Orlando Lopez

**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	25 West Flagler Street Miami, Florida 33130

**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 Internal Revenue Service Internal Revenue Service Internal Revenue Service	Ogden, UT 84201 Ogden, UT 84201 Ogden, UT 84201 Ogden, UT 84201

STATE OF Florida

Miami-Dade COUNTY

I, Gonzalo C. Sanchez, certify that the information in this Statement of

Organization is complete, true and correct.

**X**

  
Signature of Chairman of Political Committee

Date