

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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MIAMI-DADE
ELECTIONS

1. Full Name of Committee

TRANSPARENCY AND ACCOUNTABILITY FOR MIAMI

Telephone

305-529-5440

Mailing Address (include city, state and zip code)

2600 S DOUGLAS ROAD, SUITE 800, CORAL GABLES, FL 33134

Street Address (include city, state and zip code)

2600 S DOUGLAS ROAD, SUITE 800, CORAL GABLES, FL 33134

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship
NONE		

3. Area, Scope and Jurisdiction of the Committee

TO SUPPORT OR OPPOSE MIAMI-DADE COUNTY AND CITY OF MIAMI CANDIDATES AND ISSUES

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

EDUCATE AND ADVOCATE ON POLITICAL AND LEGISLATIVE 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	Committee Title or Position
CARLOS M. TRUEBA	2600 S DOUGLAS ROAD SUITE 800 CORAL GABLES, FL 33134	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
Benjamin R. Alvarez	2121 Ponce de Leon Blvd. Suite 1101 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 Sought	Party
TBD			

8. List Any Issues this Committee is Supporting: TBD
List Any Issues this Committee is Opposing: TBD

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?
ANY ACTIVITIES ALLOWED UNDER FLORIDA LAW FOR DISPOSAL OF RESIDUAL FUNDS

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

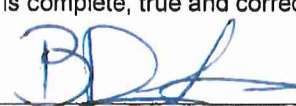
Name of Bank or Depository & Account Number	Mailing Address
BankUnited	2159 Coral Way Miami, FL 33145

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
FORM 1120POL	ANNUALLY	INTERNAL REVENUE SERVICE	OGEN, UT 84201

STATE OF FLORIDA MIAMI-DADE COUNTY

I, Benjamin R. Alvarez, certify that the information in this Statement of Organization is complete, true and correct.

X  Signature of Chairman of Political Committee

02/06/2019 Date

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR
POLITICAL COMMITTEES**
(Sections 106.011(2) and 106.021(1), F.S.)

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MIAMI OFFICE
ELECTORALS

CHECK APPROPRIATE BOX:

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Initial Filing of Form Re-filing to Change: Primary Treasurer Deputy Treasurer Primary/Secondary Depository

1. Committee or Organization TRANSPARENCY AND ACCOUNTABILITY FOR MIAMI	2. Telephone (305) 529-5440
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3. Name of Treasurer or Deputy Treasurer CARLOS M. TRUEBA	4. Email (optional) CPAZOS@GEMRTCPA.COM	5. Telephone (optional) (305) 529-5440
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6. Mailing Address
2600 DOUGLAS ROAD, SUITE 800, CORAL GABLES, FL 33134

7. Street Address
2600 DOUGLAS ROAD, SUITE 800, CORAL GABLES, FL 33134

8. The following bank has been designated as the Primary Depository Secondary Depository

9. Name of Bank BankUnited	10. Street Address 2159 Coral Way
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11. City Miami	12. State FLORIDA	13. Zip Code 33145
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14. Signature of Chairman X 	15. Name of Chairman (Print or Type) Benjamin R Alvarez
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Campaign Treasurer's Acceptance of Appointment

I, **CARLOS M. TRUEBA**, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for **TRANSPARENCY AND ACCOUNTABILITY FOR MIAMI**
(Committee or Organization)

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

<u>2/06/19</u> Date	X  Signature of Campaign Treasurer or Deputy Treasurer
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**REGISTERED AGENT
STATEMENT OF APPOINTMENT**
(Section 106.022, F.S.)

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MIAMI-DADE
ELECTORALS

- Original Appointment Change of Appointment
 Change of Mailing Address Change of Physical Address

Registered Agent and Office Information

Name CARLOS M. TRUEBA		Telephone 305-529-5440
Street Address 2600 DOUGLAS ROAD, SUITE 800		
City MIAMI	State FLORIDA	Zip Code 33134
Mailing Address 2600 DOUGLAS ROAD, SUITE 800		
City	State FLORIDA	Zip Code 33134

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.


Signature of Registered Agent


_____ Date

Former Registered Agent and Office Information (for changes only)

Name D/A		Telephone
Street Address		
City	State	Zip Code

Committee or Organization Information

Name of Committee or Organization TRANSPARENCY AND ACCOUNTABILITY FOR MIAMI		
Street Address 2600 DOUGLAS ROAD, SUITE 800		Telephone 305-529-5440
City CORAL GABLES	State FLORIDA	Zip Code 33034


Signature of Chairperson

Benjamin R Alvarez
Printed Name of Chairperson

02/06/2019
Date

**Campaign Treasurer's Report
Miami-Dade County Electronic Filing Requirement**



Candidate (office sought): _____

Candidate's Florida Voter Registration Number: _____

Political Committee: TRANSPARENCY AND ACCOUNTABILITY FOR MIAMI

Party Executive Committee: _____

Other: Benjamin R Alvarez
I, _____


(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically via the Supervisor of Elections website by midnight of the day designated in order to comply with Miami-Dade County requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miami-Dade County regarding the filing of the campaign finance reports with the Supervisor of Elections were recently amended in that original signed hardcopies are no longer required.

I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade County, Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Vote by Mail Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engaged in vote by mail ballot activities, if applicable.

Additionally, I understand that, in accordance with Sections 12-14.2 and 12-14.2.1 of the Code of Miami-Dade County, Florida, Miami-Dade County Elected Officers and Candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Reporting of Solicitation of Contributions for Political Committees, Electioneering Communications Organizations, 501(c)(4) Organizations and Political Parties (MD-ED 28) to publicly disclose when they commence solicitation activities for Political Committees, Electioneering Communications Organizations, Political Parties, and/or 501(c)4 organizations, if applicable.

Lastly, I understand that Section 2.69(e) of the Code of Miami-Dade County requires that candidates for Property Appraiser also fill out the Miami-Dade county Contributing Entity (MD-ED 19) form for every reporting period if contributions are received from a corporation incorporated under the laws of the State of Florida or any other state or any foreign country of any partnership or any other legal entity other than a natural person, if applicable.


Signature of Candidate or Chairperson

02/06/2019
Date

Day Time Telephone Number: 305-529-5440

Alternate Contact Number: N/A

Email Address: cpazos@gemrtcpa.com

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.



Access to Handbook and the Election Laws of the State of Florida

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MIAMI-DADE COUNTY ELECTIONS

Candidate/Chairperson:

Benjamin

R

Alvarez

First Name

Middle Name

Last Name

TRANSPARENCY AND ACCOUNTABILITY FOR MIAMI

Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

- Candidate Qualifying Handbook (http://www.miamidade.gov/elections/candidate.asp)
Political Committee Handbook (http://www.miamidade.gov/elections/pacs.asp)

Acknowledged by: [Signature] Candidate / Chairperson Signature

Date: 02/06/2019

Primary Telephone Number: 305-529-5440

Alternate Telephone Number: 305-282-9199

E-mail address: CPAZOS@GEMRTC.PA.COM