

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

1. Full Name of Committee FOR TRANSPARENCY IN GOVERNMENT	Telephone 305-720-6352
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Mailing Address (include city, state and zip code)
 10805 SW 86 STREET, APT 2, MIAMI, FL 33173

Street Address (include city, state and zip code)
 10805 SW 86 STREET, APT 2, MIAMI, FL 33173

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

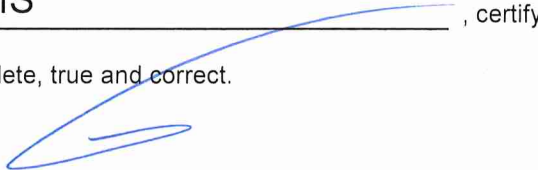
Name of Affiliated or Connected Organization	Mailing Address	Relationship
N/A		

3. Area, Scope and Jurisdiction of the Committee
 MIAMI-DADE COUNTY-TO SUPPORT OR OPPOSE CANDIDATES FOR COUNTY AND MUNICIPAL OFFICE AND OTHER ACTIVITIES ALLOWED UNDER FLORIDA LAW.

4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)
 POLITICAL-ISSUES OF IMPORTANCE TO LOCAL GOVERNMENT AND TO IMPROVE LOCAL GOVERNMENT.

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
JEANNINE MIRANDA	2600 S DOUGLAS ROAD, #900 CORAL GABLES, FL 33134	CUSTODIAN OF BOOKS AND ACCOUNTS, AND 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	
JORGE LUIS	10805 SW 86 STREET, APT 2 MIAMI, FL 33173	CHAIRPERSON	
JEANNINE MIRANDA	2600 S DOUGLAS ROAD, #900 CORAL GABLES, FL 33134	TREASURER	
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
TO BE DETERMINED			
8. List Any Issues this Committee is Supporting: TO BE DETERMINED 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? ANY ACTIVITY ALLOWED UNDER FLORIDA 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	
CITY NATIONAL BANK		8311 SW 40 STREET MIAMI, FL 33155	
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 8871 FORM 8453-X FORM 1120POL FORM 990	UPON FORMATION UPON FORMATION MARCH 15, ANNUALLY MAY 15, ANNUALLY	INTERNAL REVENUE SERVICE	OGDEN, UT 84201
STATE OF <u>FLORIDA</u>		<u>MIAMI-DADE</u> COUNTY	
I, <u>JORGE LUIS</u> , certify that the information in this Statement of Organization is complete, true and correct.			
X 		<u>5/17/19</u>	
Signature of Chairman of Political Committee		Date	

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