### STATEMENT OF JRGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

3055195581



| RECEIVED             |
|----------------------|
| 2019 OCT 1 6 1 2: 22 |
| MIAMI DADO           |
| ELECTION Selephone   |

| 1. | Full | Name | of | Committee | )          |
|----|------|------|----|-----------|------------|
| G  | 00   | O    | VE | RNMENT    | FOUNDATION |

Mailing Address (include city, state and zip code)

3128 CORAL WAY MIAMI FL 33145

Street Address (include city, state and zip code)

3128 CORAL WAY MIAMI FL 33145

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

| •••••••   |                 |              |  |  |
|---|-----------------|--------------|--|--|
| Name of Affiliated or<br>Connected Organization | Mailing Address | Relationship |  |  |
| N/A   |                 |              |  |  |
|   |                 |              |  |  |
| ^   |                 |              |  |  |
|   |                 |              |  |  |
|   |                 |              |  |  |

3. Area, Scope and Jurisdiction of the Committee

Miami Dade County Political Committee to Promote Ethical and Efficient Government and Candidates

4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.) Good 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 |  |
|---------------|-------------------------------|-----------------------------|--|
| JAIME PARLADE | 3128 CORAL WAY MIAMI FL 33145 | TREASURER                   |  |
|               |                               |                             |  |
|               |                               |                             |  |
|               |                               |                             |  |
|               |                               |                             |  |
|               |                               |                             |  |
|               |                               |                             |  |

| 6. List by Name, Address and Pion, Other Principal Officers, Including ficers and Members of the Finance Committee, If Any (include chairman's name)          |  |                      |              |             |                             |  |
|---|--|----------------------|--------------|-------------|-----------------------------|--|
| Full Name   | Mailing Addr   | Mailing Address      |              |             | Committee Title or Position |  |
| JAIME PARLADE   | 3128 CORAL WAY MIA                                     | CHAIRPERSON          |              | N           |                             |  |
| 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 |             | Party                       |  |
|   | -  | erit w               |              | <u> </u>    | n/a REC                     |  |
| 8. List Any Issues this Con   | nmittee is Supporting: GOO[                            | GOVERNMENT           | Γ            | EC          |                             |  |
| List Any Issues this Con  |  |                      |              | TIONS       | 章作 图                        |  |
| 9. If this Committee is Sup<br>N/A  | porting the Entire Ticket of a                         | Party, Give Name o   | f Party      | ž.          | 22                          |  |
|   | tion, What Disposition will be<br>OR (4) AS ALLOWED UN |                      |              |             |                             |  |
| 11. List all Banks, Safety D  | eposit Boxes, or Other Depos                           | sitories Used for Co | mmittee      | Funds       |                             |  |
| Name of Bank or Depo  | sitory & Account Number                                |                      | Mailing      | Address     |                             |  |
| FIRST NATIONAL BAN  | 5750 Sunset Dr,  | , South N            | ⁄liami, F    | L 33143     |                             |  |
| 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 o    | f Official   | Ma          | ailing Address              |  |
| FORM 8871   | UPON FORMATTING<br>AND CLOSING                         | IRS                  |              | UGDEI       | N, UT 84201                 |  |
| STATE OF FLORIDA  | MIAM   | I DADI               | E            | COUNTY      |                             |  |
| I, JAIME PARLAD   | , certify that the i                                   | nformatior           | n in this S  | tatement of |                             |  |
| X Signature of C  |  | 10/16/               | 2019<br>Dat  | e           |                             |  |

#### APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR**

#### POLITICAL COMMITTEES

(Sections 106.011(2) and 106.021(1), F.S.)

RECEIVED 2019 OCT I 6 AM 2: 22

MIAMI-DADE

#### **CHECK APPROPRIATE BOX:** ELECTIONS ✓ Primary Treasurer Deputy Treasurer Initial Filing for: OFFICE USE ONLY Re-filing to Change: Primary Treasurer Deputy Treasurer Primary/Secondary Depository 1. Committee 2. Telephone ) GOOD GOVERNMENT FOUNDATION 5. Telephone (optional) 3. Name of Treasurer or Deputy Treasurer 4. Email (optional) JAIME PARLADE (305) 519-5581 6. Mailing Address 3128 CORAL WAY, MIAMI, FL 33145 7. Street Address 3128 CORAL WAY, MIAMI, FL 33145 ✓ Primary Depository 8. The following bank has been designated as the Secondary Depository 10. Street Address 9. Name of Bank FIRST NATIONAL BANK OF SOUTH MIAMI 5750 Sunset Dr 12. State 13. Zip Code 11. City SOUTH MIAMI FL 33143 14. Signature of Chairman 15. Name of Chairman (Print or Type) JAIME PARLADE Campaign Treasurer's Acceptance of Appointment JAIME PARLADE , do hereby accept the appointment as (Please Print or Type) GOOD GOVERNMENT FOUNDATION treasurer or deputy treasurer for (Committee) 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. X Signature of Campaign Treasurer or Deputy Treasurer Date

## REGISTERED AGENT STATEMENT OF APPOINTMENT

(Section 106.022, F.S.)

RECEIVED

2019 OCT 1 7 PM 2: 22

|  |              | 2: 22   |
|--|--------------|---|
| ✓ Original Appointment ☐ Change of Appoin ☐ Change of Mailing Address ☐ Change of Physical |              | MIAMI-DADE<br>ELECTIONS   |
|  |              | Dffice Information  |
| Name   |              | Telephone   |
| JAVIER BANOS MACHADO   |              | 3055195581  |
| Street Address<br>3128 CORAL WAY   | <b>-</b>     |   |
| City<br>MIAMI  | State<br>FL  | Zip Code<br>33145   |
| Mailing Address<br>3128 CORAL WAY  |              |   |
| City<br>MIAMI  | State<br>FL  | Zip Code<br>33145   |
|  | d that I may | and accept the obligations of the position as set y resign this appointment by executing a written officer.  10/16/2019  Date |
| Former Registered Agent a  | and Office   | Information (for changes only)  |
| Name   |              | Telephone   |
| Street Address   |              |   |
| City   | State        | Zip Code  |
| Committee or   | · Organiza   | ation Information   |
| Name of Committee or Organization  |              |   |
| GOOD GOVERNMENT FOUNDAT  | ION          |   |
| Street Address<br>3128 CORAL WAY   |              |   |
|  |              | Telephone<br>3055195581   |
| City<br>MIAMI  | State<br>FL  |   |
| MIAMI Signature of Chairperson   |              | 3055195581<br>Zip Code  |
| Ammule   |              | 3055195581<br>Zip Code  |



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

2019 OCT 1 & AM 2: 22

| Candidate/Chairperson:                                       |  | MIAMI-DADE<br>ELECTIONS  |
|--|--|--|
| JAIME PARLADE  |  |  |
| First Name   | Middle Name                                    | Last Name  |
| GOOD GOVERNMEN   | IT FOUNDAT                                     | ION  |
| 0  | ffice Sought / Organiza                        | tion   |
|  | e following resource                           | ead, understand and follow the<br>es available on the Miami-Dade   |
| Contains information on State<br>Florida, County Laws and Ha | e Laws and Handbooks<br>ndbooks, Qualifying In | ade.gov/elections/candidate.asp)  t, the Election Laws of the State of formation, Electronic Reporting Dates and Recent Legislative Changes. |
|  | e Laws and Handbooks<br>ndbooks, Electronic Re | , the Election Laws of the State of eporting Dates and Procedures,   |
| Acknowledged by:   | Candidate / Chairpei                           | Ce Signature   |
| Date: 10/16/2019   | Campidate / Champer                            | son Signature  |
| Primary Telephone Number:                                    | 3055195581                                     | · · · · · · · · · · · · · · · · · · ·  |
| Alternate Telephone Number:                                  | 3055195581                                     |  |
| E-mail address: JAVIER                                       | B@BANOSLA                                      | WFIRM.COM  |

#### Campaign Treasurer's Report County Electronic Filing R uirement COUNTY Miami-Da





| Candidate (office sought):  |  |   |
|---|--|---|
| Candidate's Florida Voter Registr   | ation Number:  |   |
| Political Committee: GOOD GO  | VERNMENT FOUNDATION  | ~~~   |
|   |  | M3 0 2  |
| Other:  |  |   |
| l,  |  | 11 6 11   |
| understand that Campaign Trea<br>Elections website by midnight o<br>requirements. I also acknowledge<br>regarding the filing of the campa                     | (Please print name of Candidate or Chairperson) surer's Reports must be filed electron f the day designated in order to comp e that Sections 12-17 and 12-21 of the Caign finance reports with the Supervisor  | ly with Miami-Da <del>de</del> County<br>Code of Miami-Dade County  |
| Florida, candidates running for t<br>Appraiser, Clerk of the Circuit  | rdance with Section 12-14.1 of the Co<br>he Offices of Miami-Dade County May<br>Courts, and Community Council must<br>o disclose the names of paid campaign  | or, Commissioner, Property<br>now file the Vote by Ma   |
| Miami-Dade County, Florida, Miami-Dade County, Miami-Dade County Miand Community Council must recommittees, Electioneering Corporaties (MD-ED 28) to publicly | n accordance with Sections 12-14.2 and ami-Dade County Elected Officers and ayor, Commissioner, Property Appraiser now file the Reporting of Solicitation of mmunications Organizations, 501(c)(4) disclose when they commence solicionmmunications Organizations, Political | Candidates running for the Circuit Courts of Contributions for Politica Organizations and Politica tation activities for Politica |
| for Property Appraiser also fill o every reporting period if contribu   | 2.69(e) of the Code of Miami-Dade Cou<br>ut the Miami-Dade county Contributing<br>tions are received from a corporation ind<br>state or any foreign country of any pa<br>, if applicable.  | Entity ( <u>MD-ED 19</u> ) form focorporated under the laws o   |
| ( And su  |  |   |
| Signature of Candidate or   | Chairperson  | Date  |
| Day Time Telephone Number:  | 3055195581   |   |
| •   | 55195581   |   |
| Email Address: JAVIERB  | @BANOSLAWFIRM.COM  | M   |

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.