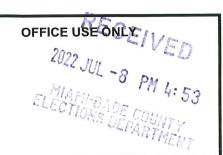
STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)



1	Full	Name	of C	omm	ittee
1.	rull	Maine		OIIIIII	ILLEE

Together Our Neighborhood Improves 305-733-4730

Telephone

Mailing Address (include city, state and zip code)

7701 W 26th Ave. Unit 2 Hialean, FL 33016

Street Address (include city, state and zip code)

Hicleoh, FL 33016

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

00111111111000)		
Name of Affiliated or Connected Organization	Mailing Address	Relationship
N/A		

3. Area, Scope and Jurisdiction of the Committee

Miami - Dade County

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

Technology

5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)

ı	Full Name	Mailing Address	Committee Title or Position
	Agul Miro Ir.	1701 W 26th Ave. Unit 2 Hialeah, FL	Treasurer
		33016	

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 Posit		mittee Title or Position		
Antonio Alberto Fernandez Rives 7. List by Name, Address, O	7701 W 26 ⁺ Ave Hi Cleah, FL 330 Office Sought and Party Affilia			machine REC	
	(if none, please indicate)			So P <	
Full Name	Mailing Address	Office	Sought	Party Party	
U/R				53	
8. List Any Issues this Com	mittee is Supporting:			<u> </u>	
List Any Issues this Com	mittee is Opposing:				
9. If this Committee is Supp	orting the Entire Ticket of a l	Party, Give Name o	f Party		
10. In the Event of Dissolution	ion, What Disposition will be	Made of Residual F	unds?		
11. List all Banks, Safety De	eposit Boxes, or Other Depos	itories Used for Co	mmittee F	unds	
Name of Bank or Depos	sitory & Account Number		Mailing A	ddress	
TBA					
12. List all Reports Require and Positions of Such 0	d to be Filed by this Commit Officials, If Any	ee with Federal Of	ficials and	the Names, Addresses	
Report Title	Dates Required to be Filed	Name & Position of	of Official	Mailing Address	
NIA					
STATE OF Florida Miami - Dade COUNTY					
1, Antonio Alber	to Fernandez Rive	$\frac{1}{2}$, certify that the i	nformation	in this Statement of	
Organization is complete, true and correct.					
X Signature of Ch	nairman of Political Committee		July	8 2022 Date	

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR

POLITICAL COMMITTEES

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

RECEIVED
" UII - 0
2022 JUL -8 PM 4:54
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:			THEN	
Initial Filing for: Primary Treasurer Deputy Treasurer				
			OFFICE USE ONLY	
Re-filing to Change: Primary Treasurer Deputy Treasurer	Primary/Sec	ondary Depository		
1. Committee		2. Telephone		
Together our Neighborhood Im	prove;	183 (305) 733 - 4730		
Name of Treasurer or Deputy Treasurer 4. Email (optional)		5. Telephone (optional)		
Raul Miro Jr.		()		
6. Mailing Address				
7701 W 26 Ave. Uni+ 2 Highe	ean, FL	33016		
7. Street Address				
7701 W 26 Ave Unit 2 Hia	leah, FL	. 33016		
8. The following bank has been designated as the Prin	nary Depositor	ry Secondar	ry Depository	
9. Name of Bank	10. Street Add	iress		
Truist	7735	w 33 Auc		
11. City	12.	. State	13. Zip Code	
Hiolest		FI	33018	
14. Signature of Chairman	15. Name of C	Chairman (Print or Type	9)	
X	Antoni	Antonio Alberto Fernandez Rives		
Campaign Treasurer's Ac	ceptance o	of Appointment		
, Boul Miro Jr.		, do hereb	y accept the appointment as	
(Please Print or Type)				
treasurer or deputy treasurer for Together Dur Neighborhood Improves (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.				
- 1.		The state of the s		
July 8 2022 X	Signature of Co	ampaign Treasurer or I	Doputy Traccurer	
DS-DE 6 (Rev. 4/19)	orginature or Ca	ampaign Measurer or L	Deputy Treasurer	

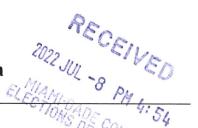
REGISTERED AGENT STATEMENT OF APPOINTMENT

REG
OFFICE USE ONLY VED
2022 JUL -0
CLECTIONS DEPARTMENT
-LECTIONS DE COUNTY
FARTMENT

(Section 106.022, F.S.)			ELFAM-DARE
,			ELECTIONS DEPARTMENT
			DEPARTUY
Original Appointment Change of Appoin	tment		THENT
Change of Mailing Address Change of Physics	al Address		
Registered Ag	ent and Off	fice Informatio	n
Name Antonio Alberto Fernando	ez Rive	5	Telephone 305 - 986 - 4318
Street Address 7701 W 26th Ave			-
city Hialeah	State F2	-	Zip Code 33016
Mailing Address 7701 W 26th Ave			
City Hialean	State FL		Zip Code 33016
I accept this appointment and confirm that I am forth in Section 106.022, F.S. I also understand statement of resignation and filing it with the apple.	d that I may i	resign this appoir	
		Ju	ly 8, 2022
Signature of Registered Agent		Date	
Former Registered Agent a	nd Office I	nformation (fo	r changes only)
Name			Telephone
Street Address			
City	State		Zip Code
Committee or	Organizati	ion Informatio	n
Name of Committee or Organization			
Together our Neighborho	od Im	Prove s	
Street Address			Telephone 305 - 133 - 4130
City	State		Zip Code 33016
Signature of Chairperson			
Oignature of Champerson			
Antonio Alberto Fernandez	Rives	Ju	ly 8,2022
Printed Name of Chairperson		Date	



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



Candidate/Chairperson:		10HS DEPARTURE
Detais	Alberto	Fernander River
First Name	Middle Name	Last Name
Together Our Weigh &	Office Sought / Organization	on
I acknowledge that it is requirements described in County Elections Departmen	the following resources	d, understand and follow the available on the Miami-Dade
Contains information on a Florida, County Laws and	.gov/global/elections/candidat State Laws and Handbooks, t d Handbooks, Qualifying Infor	te-qualifying-handbook.page) the Election Laws of the State of rmation, Electronic Reporting Dates d Recent Legislative Changes.
Contains information on a Florida, County Laws and	gov/global/elections/political-c State Laws and Handbooks, t	the Election Laws of the State of orting Dates and Procedures,
Acknowledged by:	Candidate / Chairperso	on Signature
Date: 7/8/24		
Primary Telephone Numbe	er: 305- 1 986-4318	
Alternate Telephone Numb	per: 786-211-1660	
E mail address: ACA	L. O. L.	

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



Candidate (office sought):		_
Candidate's Florida Voter Registration Number:	F 78	and the last
Political Committee: Together our weigh borhook Ingroves	ESE Z	TH
Party Executive Committee:	意言	
Other;:		T
1, Antonio Alberto Fernander Rives	PO P	
(Please print name of Candidate or Chairperson) understand that Campaign Treasurer's Reports <u>must</u> be filed electronically via the Elections website by midnight of the day designated in order to comply with Miar requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miar regarding the filing of the campaign finance reports with the Supervisor of Election amended in that original signed hardcopies are no longer required.	ni-Dade County mi-Dade County	f V
I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Florida, candidates running for the Offices of Miami-Dade County Mayor, Commiss Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engine mail ballot activities, if applicable.	sioner, Property e Vote by Mai	/
Additionally, I understand that, in accordance with Sections 12-14.2 and 12-14.2.1 Miami-Dade County, Florida, Miami-Dade County Elected Officers and Candidates Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the and Community Council must now file the Reporting of Solicitation of Contribution Committees, Electioneering Communications Organizations, 501(c)(4) Organization Parties (MD-ED 28) to publicly disclose when they commence solicitation activitic Committees, Electioneering Communications Organizations, Political Parties, organizations, if applicable.	running for the e Circuit Courts ons for Politica ns and Politica ies for Politica	e ,
Lastly, I understand that Section 2.69(e) of the Code of Miami-Dade County requires for Property Appraiser also fill out the Miami-Dade county Contributing Entity (MD-Entity reporting period if contributions are received from a corporation incorporated up the State of Florida or any other state or any foreign country of any partnership or entity other than a natural person, if applicable.	ED 19) form for nder the laws or	r f
2181	22	
Signature of Candidate or Chairperson Date		
Day Time Telephone Number: 305- 986 -4318		
Alternate Contact Number: 786- 212-1660		
Email Address: Alexandez 6) lyter85. 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.