

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

1. Full Name of Committee

Together Our Neighborhood Improves

Telephone

305-733-4740

Mailing Address (include city, state and zip code)

7701 W 26th Ave Unit 2, Hialeah, FL 33016

Street Address (include city, state and zip code)

7701 W 26th Ave Unit 2, Hialeah, FL 33016

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

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)

Full Name

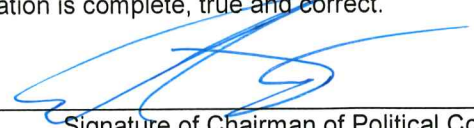
Mailing Address

Committee Title or Position

Raul Miro Jr

7701 W 26th Ave Unit 2, Hialeah, FL
33016

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	
Antonio Alberto Fernandez-Rives	7701 W 26th Ave Unit 2, Hialeah, FL 33016	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
N/A			
8. List Any Issues this Committee is Supporting: N/A List Any Issues this Committee is Opposing: N/A			
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?			
Charity			
11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds			
Name of Bank or Depository & Account Number		Mailing Address	
TD Bank		255 Alhambra Circle, Coral Gables, FL 33134	
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
N/A			
STATE OF <u>Florida</u> <u>Miami Dade</u> COUNTY I, <u>Antonio Alberto Fernandez-Rives</u> , certify that the information in this Statement of Organization is complete, true and correct. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;"> X  Signature of Chairman of Political Committee </div> <div style="width: 45%; text-align: right;"> <u>2/12/23</u> Date </div> </div>			