STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

2022 JUL 22 PM 2: 19

1. Full Name of Committee FLORIDIANS FOR PROG	Telephone 978-631-9446							
Mailing Address (include city, state and zip code) 396 NW 159 ST MIAMI FLORIDA, 33169								
Street Address (include city, state and zip code) 396 NW 159 ST MIAMI FLORIDA, 33169								
2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)								
Name of Affiliated or Connected Organization	100 Per 1000 1 100 Per		Relationship					
NONE								
3. Area, Scope and Jurisdiction of the Committee Political committees supporting or opposing Miami Dade County Wide, legislative, multicounty candidates, municipal and/ or issues.								
4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.) GOVERNMENT POLICY								
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						
Sebastiane Espaillat	396 NW 159 ST MIAMI FL, 33169	TREASU	RER					

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 Add	Mailing Address		Committee Title or Position			
GILDA GUZMAN	396 NW 159 ST Miami	396 NW 159 ST Miami Florida,33169		CHAIR			
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				2022			
8. List Any Issues this Co	ommittee is Supporting: TO BE	DETERMINED		5 5 111			
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 NOT APPLICABLE			ARTIM				
10. In the Event of Dissolution, What Disposition will be Made of Residual Funds? FUNDS WILL BE DISTRIBUTED TO CHARITY							
11. List all Banks, Safety	Deposit Boxes, or Other Depos	sitories Used for Co	ommittee	Funds			
Name of Bank or Depository & Account Number		Mailing Address					
		12620 BISCAYNE BLVD, NORTH MIAMI FL, 33181					
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	Mailing Address			
NONE	y .						
STATE OF FLORIDA		MIAMI -DADE COUNTY					
, GILDA GUZN	MAN	, certify that the i	nformatior	in this Statement of			
Organization is complete, t	rue and correct.						
X Giology of	07-21-2022						
Signature of	Chairman of Political Committee			Date			

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

POLITICAL COMMITTEES

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

RECEIVED

2022 JUL 22 PM 2: 19

CHECK APPROPRIATE BOX:					
Initial Filing for: Primary Treasurer Deputy Treasurer					
			OFFICE USE ONLY		
Re-filing to Change: Primary Treasurer Deputy Treasurer Primary/Secondary Depository					
1. Committee	2. Telephone				
FLORIDIANS FOR PROGRESSIVE COMMUNITY		(₉₇₈)631-9446			
3. Name of Treasurer or Deputy Treasurer 4. Email (optional)	5. Telephone (optional)				
SEBASTIANE ESPAILLAT SEBIESPAILLA	T0598@GMAI	()			
6. Mailing Address 396 NW 159 ST MIAMI FLORIDA, 33169					
7. Street Address 396 NW 159 ST MIAMI FLORIDA, 33169					
8. The following bank has been designated as the Prin	nary Depository	Seconda	ry Depository		
9. Name of Bank	10. Street Address	l			
TD D 41117		2620 BISCAYNE BOULEVARD			
11. City	12. Sta	te	13. Zip Code		
NORTH MIAMI	FLOR	RIDA	33181		
14. Signature of Chairman	15. Name of Chair	man (Print or Type	e)		
X OCC	Gilda				
Campaign Treasurer's Acceptance of Appointment					
SEBASTIANE ESPAILLAT					
, do hereby accept the appointment as (Please Print or Type)					
treasurer or deputy treasurer for FLORIDIANS FOR PROGRESSIVE COMMUNITY					
(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.					
07/21/2022 x					
Date	Date Signature of Campaign Treasurer or Deputy Treasurer				