

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

1. Full Name of Committee

TRUSTED LEADERSHIP FOR MIAMI DADE

Telephone

786-740-0545

Mailing Address (include city, state and zip code)

61 NW 37TH AVE, #1113

MIAMI, FL 33125

Street Address (include city, state and zip code)

61 NW 37TH AVE, #1113

MIAMI, FL 33125

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

Name of Affiliated or
Connected Organization

Mailing Address

Relationship

NONE

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.)

To support candidates who prioritize the well-being and interests of our community

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

Ariel Trueba

61 NW 37th Ave, #1113
Miami, FL 33125

Chairman & 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 |
|--------------|--|-----------------------------|
| Ariel Trueba | 61 NW 37th Ave, #1113 Miami, FL 33125 | Chairman & 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 |
|-----------|-----------------|---------------|-------|
| None | | | |

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?

RESIDUAL FUNDS WILL BE GIVEN TO CHARITABLE ORGANIZATIONS 501(C)(3)

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

| Name of Bank or Depository & Account Number | Mailing Address |
|---|--|
| TRUIST BANK | 5711 NW 7TH ST, SUITE 5 MIAMI, FL 33126 |

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 FLORIDA

MIAMI DADE COUNTY

I, Ariel Trueba, certify that the information in this Statement of

Organization is complete, true and correct.

X



Signature of Chairman of Political Committee

01/21/2025

Date

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

- | | |
|---|--|
| <input type="checkbox"/> Original Appointment | <input type="checkbox"/> Change of Appointment |
| <input checked="" type="checkbox"/> Change of Mailing Address | <input checked="" type="checkbox"/> Change of Physical Address |

Registered Agent and Office Information

| | | |
|---|--------------------|----------------------------------|
| Name ARIEL TRUEBA | | Telephone 786-740-0545 |
| Street Address 61 NW 37TH AVE, #1113 | | |
| City MIAMI | State FL | Zip Code 33125 |
| Mailing Address 61 NW 37TH AVE, #1113 | | |
| City MIAMI | State FL | Zip Code 33125 |

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.



Signature of Registered Agent

01/21/2025

Date

Former Registered Agent and Office Information (for changes only)

| | | |
|---|--------------------|----------------------------------|
| Name Ariel Trueba | | Telephone 786-740-0545 |
| Street Address 6355 SW 8TH ST, #607 | | |
| City MIAMI | State FL | Zip Code 33144 |

Committee or Organization Information

| | | |
|---|--------------------|----------------------------------|
| Name of Committee or Organization TRUSTED LEADERSHIP FOR MIAMI DADE | | |
| Street Address 61 NW 37TH AVE, #1113 | | Telephone 786-740-0545 |
| City MIAMI | State FL | Zip Code 33125 |



Signature of Chairperson

ARIEL TRUEBA

Printed Name of Chairperson

01/21/2025

Date