

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

1. Full Name of Committee
Accountability for Progress PAC

Telephone
7864657515

Mailing Address (include city, state and zip code)
3006 AVIATION AVENUE STE 3A
COCONUT GROVE FL 33133

Street Address (include city, state and zip code)
3006 AVIATION AVENUE STE 3A
COCONUT GROVE FL 33133

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.)
Government, Ethics, and Efficient Administration of Public Funds, and promote candidates that expand on those interests.

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
Javier Banos Machado	3006 Aviation Avenue Ste 3A Coconut Grove, FL 33133	Treasurer

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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
Javier Banos Machado	3006 Aviation Avenue Ste 3A Coconut Grove, FL 33133	Chairperson

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT
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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: Supporting Government, Ethics, and Efficient Administration of Public Funds, and promote candidates that expand on those interests.
List Any Issues this Committee is Opposing:

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party
No

10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?
Return to Contributors or donate to 501(c)(3) of 501 (c)(4) organization or any other method as allowed under Florida Law

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

Name of Bank or Depository & Account Number	Mailing Address
Seacoast Bank	396 Alhambra Circle Ste 150 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
Any report required under 26 USC Sec 527 Possible Forms 8871, 8872, 990	Any report required under 26 USC Sec 527	Internal Revenue Service	Odgen, UT 84201

STATE OF FLORIDA MIAMI DADE COUNTY

I, JAVIER BANOS MACHADO, certify that the information in this Statement of

Organization is complete, true and correct.

X _____
Signature of Chairman of Political Committee

12/12/2023
Date

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR
POLITICAL COMMITTEES**
(Sections 106.011(2) and 106.021(1), F.S.)


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ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Initial Filing for: Primary Treasurer Deputy Treasurer

Re-filing to Change: Primary Treasurer Deputy Treasurer Primary/Secondary Depository

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1. Committee Accountability for Progress PAC		2. Telephone (786)465-7515	
3. Name of Treasurer or Deputy Treasurer Javier Banos Machado		4. Email (optional) ()	
5. Telephone (optional) ()			
6. Mailing Address 3006 Aviation Avenue Ste 3A Coconut Grove FL 33133			
7. Street Address 3006 Aviation Avenue Ste 3A Coconut Grove FL 33133			
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank Seacoast Bank		10. Street Address 396 Alhambra Circle Ste 150	
11. City CORAL GABLES		12. State FL	13. Zip Code 33134
14. Signature of Chairman 		15. Name of Chairman (Print or Type) Javier Banos Machado	

Campaign Treasurer's Acceptance of Appointment

I, Javier Banos Machado, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for Accountability for Progress PAC
(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.**

12/12/2023

Date


X

Signature of Campaign Treasurer or Deputy Treasurer

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**
(Section 106.022, F.S.)

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FLORIDA COUNTY
ELECTIONS DEPARTMENT

- Original Appointment Change of Appointment
 Change of Mailing Address Change of Physical Address

Registered Agent and Office Information

Name: **Javier Banos Machado** Telephone: **(786) 465-7515**

Street Address: **3006 Aviation Avenue Ste 3A**

City: **Coconut Grove** State: **FL** Zip Code: **33133**

Mailing Address: **3006 Aviation Avenue Ste 3A**

City: **Coconut Grove** State: **FL** Zip Code: **33133**

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

12/12/2023

Date

Former Registered Agent and Office Information (for changes only)

Name: **n/a** Telephone:

Street Address:

City: State: Zip Code:

Committee or Organization Information

Name of Committee or Organization: **Accountability for Progress PAC**

Street Address: **3006 Aviation Avenue Ste 3A** Telephone: **(786) 465-7515**

City: **Coconut Grove** State: **FL** Zip Code: **33133**

Signature of Chairperson

Javier Banos Machado

Printed Name of Chairperson

12/12/2023

Date



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

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Candidate/Chairperson:

JAVIER

BANOS MACHADO

First Name

Middle Name

Last Name

ACCOUNTABILITY FOR PROGRESS PAC

Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

- Candidate Qualifying Handbook
Political Committee Handbook

Acknowledged by: Candidate / Chairperson Signature

Date: 12/12/2023

Primary Telephone Number: 305-519-5581

Alternate Telephone Number: N/A

E-mail address: jbanos@msn.com

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



Candidate (office sought): _____

Candidate's Florida Voter Registration Number: _____

Political Committee: Accountability for Progress PAC

Party Executive Committee: _____

Other: _____

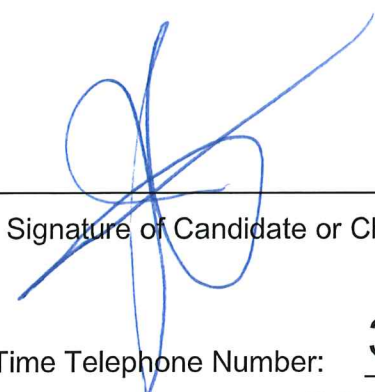
I, JAVIER BANOS MACHADO
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically via the Supervisor of Elections website by midnight of the day designated in order to comply with Miami-Dade County requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miami-Dade County regarding the filing of the campaign finance reports with the Supervisor of Elections were recently amended in that original signed hardcopies are no longer required.

I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade County, Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissioner, and Community Council must now file the Vote by Mail Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engaged in vote by mail ballot activities, if applicable.

Additionally, I understand that, in accordance with Sections 12-14.2 and 12-14.2.1 of the Code of Miami-Dade County, Florida, Miami-Dade County Elected Officers and Candidates running for the Offices of Miami-Dade County Mayor, Commissioner, and Community Council must now file the Reporting of Solicitation of Contributions for Political Committees, Electioneering Communications Organizations, 501(c)(4) Organizations and Political Parties (MD-ED 28) to publicly disclose when they commence solicitation activities for Political Committees, Electioneering Communications Organizations, Political Parties, and/or 501(c)4 organizations, if applicable.

Signature of Candidate or Chairperson



12/12/2023

Date
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT
2023 DEC 12 PM 2:19

Day Time Telephone Number: 3055195581

Alternate Contact Number: 305195581

Email Address: JBANOS@MSN.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.