

**STATEMENT OF ORGANIZATION  
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

OFFICE USE ONLY

RECEIVED

2024 FEB 27 PM 1:18

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**1. Full Name of Committee**

No Taxation Without Representation PC

Telephone

786-566-1149

Mailing Address (include city, state and zip code)

4250 W 19th Ave Hialeah, FL 33012

Street Address (include city, state and zip code)

4250 W 19th Ave Hialeah, FL 33012

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

Name of Affiliated or  
Connected Organization

Mailing Address

Relationship

**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.)**

All lawful purposes

**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

Bryan Calvo

4250 W 19th Ave Hialeah, FL 33012

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
Bryan Calvo	4250 W 19th Ave Hialeah, FL 33012	Chairperson

**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?  
 Donated to Non-profit

**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	1255 W 49th St Hialeah, FL 33012


**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
None			

STATE OF Florida Miami-Dade COUNTY

I, Bryan Calvo, certify that the information in this Statement of

Organization is complete, true and correct.

**X**   
 Signature of Chairman of Political Committee

2/26/24  
 Date

RECEIVED  
 2024 FEB 27 PM 1:18  
 MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT

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

**RECEIVED**  
2024 FEB 27 PM 1:18  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**CHECK APPROPRIATE BOX:**

Initial Filing for:  Primary Treasurer  Deputy Treasurer

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

**OFFICE USE ONLY**

1. Committee No Taxation Without Representation PC	2. Telephone (786 ) 566-1149
---	---------------------------------

3. Name of Treasurer or Deputy Treasurer Bryan Calvo	4. Email (optional)
5. Telephone (optional) (786 ) 566-1149	

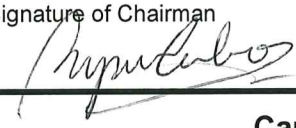
6. Mailing Address  
4250 W 19th Ave Hialeah, FL 33012

7. Street Address  
4250 W 19th Ave Hialeah, FL 33012

8. The following bank has been designated as the  **Primary Depository**  **Secondary Depository**

9. Name of Bank Seacoast Bank	10. Street Address 1255 W 49th St
----------------------------------	--------------------------------------

11. City Hialeah	12. State FL	13. Zip Code 33012
---------------------	-----------------	-----------------------

14. Signature of Chairman <b>X</b> 	15. Name of Chairman (Print or Type) Bryan Calvo
---	---

**Campaign Treasurer's Acceptance of Appointment**

I, Bryan Calvo, do hereby accept the appointment as  
(Please Print or Type)  
treasurer or deputy treasurer for No Taxation Without Representation PC  
(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.**

2/24/24 Date **X**  Signature of Campaign Treasurer or Deputy Treasurer

**REGISTERED AGENT  
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

RECEIVED  
OFFICE USE ONLY

2024 FEB 27 PM 1:19

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

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

**Registered Agent and Office Information**

Name: Bryan Calvo      Telephone: 786-566-1149

Street Address: 4250 W 19th Ave

City: Hialeah      State: FL      Zip Code: 33012

Mailing Address: 4250 W 19th Ave

City: Hialeah      State: FL      Zip Code: 33012

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

2/26/24  
Date

**Former Registered Agent and Office Information (for changes only)**

Name:      Telephone:

Street Address:


City:      State:      Zip Code:

**Committee or Organization Information**

Name of Committee or Organization: No Taxation Without Representation PC

Street Address: 4250 W 19th Ave      Telephone: 786-566-1149

City: Hialeah      State: FL      Zip Code: 33012

  
Signature of Chairperson

Bryan Calvo  
Printed Name of Chairperson

2/26/24  
Date



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

RECEIVED

2024 FEB 27 PM 1:19

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Candidate/Chairperson:

Bryan

Calvo

First Name

Middle Name

Last Name

No Taxation Without Representation PC

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 (https://www.miamidade.gov/global/elections/candidate-qualifying-handbook.page)
Political Committee Handbook (https://www.miamidade.gov/global/elections/political-committee-resources.page)

Acknowledged by: [Signature] Candidate / Chairperson Signature

Date: 2/26/24

Primary Telephone Number: 786-566-1149

Alternate Telephone Number: N/A

E-mail address: bryancalvo3020@gmail.com

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



- Candidate (office sought): \_\_\_\_\_
- Candidate's Florida Voter Registration Number: \_\_\_\_\_
- Political Committee: No Taxation Without Representation PC
- Party Executive Committee: \_\_\_\_\_
- Other: \_\_\_\_\_

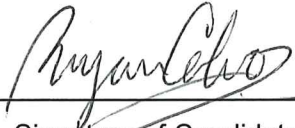
I, Bryan Calvo  
*(Please print name of Candidate or Chairperson)*

RECEIVED  
2024 FEB 27 PM 1:19  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

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

2/26/24  
Date

Day Time Telephone Number: 786-566-1149

Alternate Contact Number: N/A

Email Address: bryancalvo3020@gmail.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.*