

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

1. Full Name of Committee

Telephone

No Taxation Without Representation PC

786-529-1704

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

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.)

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

Chairman

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	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
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?

All legal

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

Name of Bank or Depository & Account Number	Mailing Address
Bank of America	1 SE Third Ave Miami, FL 33131

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

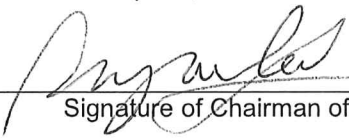
Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
N/A			

STATE OF Florida COUNTY Miami-Dade

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

Organization is complete, true and correct.

X


Signature of Chairman of Political Committee

3/26/24
Date

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 ELECTIONS DEPARTMENT

**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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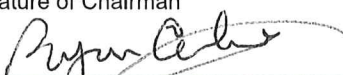
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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 <u>No Taxation Without Representation PC</u>		2. Telephone <u>(786) 529-1204</u>	
3. Name of Treasurer or Deputy Treasurer <u>Bryan Calvo</u>		4. Email (optional) <u>() N/A</u>	
5. Telephone (optional) <u>() N/A</u>			
6. Mailing Address <u>4250 W 19th Ave Hialeah, FL 33012</u>			
7. Street Address <u>4250 W 19th Ave Hialeah, FL 33012</u>			
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank <u>Bank of America</u>		10. Street Address <u>1 SE Third Ave</u>	
11. City <u>Miami</u>		12. State <u>FL</u>	13. Zip Code <u>33131</u>
14. Signature of Chairman <input checked="" type="checkbox"/> <u></u>		15. Name of Chairman (Print or Type) <u>Bryan Calvo</u>	

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.**

3/26/24
Date


Signature of Campaign Treasurer or Deputy Treasurer