

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

1. Full Name of Committee

Committee for Responsibility in Government

Telephone

(305) 447-7947

Mailing Address (include city, state and zip code)

1500 San Remo Avenue, Suite 245
Coral Gables, FL 33146

Street Address (include city, state and zip code)

1500 San Remo Avenue, Suite 245
Coral Gables, FL 33146

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

Name of Affiliated or Connected Organization

Mailing Address

Relationship

None

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3. Area, Scope and Jurisdiction of the Committee

To influence the outcome of certain elections at the local and county levels of government

4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)

None

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

Jessie Jones

5117 NW 93rd Doral Way
Doral, FL 33178

Treasurer

Mitch Helfer

215 Romano Avenue
Coral Gables, FL 33134

Deputy 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
Aldo M Leiva	1500 San Remo Avenue, Suite 245 Coral Gables, FL 33146	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: Responsibility in government

List Any Issues this Committee is Opposing: Absence of responsibility in government

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party

Not applicable

10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?

Disbursement to a 501(c)(3) organization

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

Name of Bank or Depository & Account Number	Mailing Address
TD Bank	3885 NW 107th Avenue Doral, FL 33178

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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
IRS Form 8453-X	Start-up	IRS	Ogden, UT 84201
IRS Form 8871	Start-up	IRS	Electronic filing
IRS Form 8872	Various	IRS	Electronic filing

STATE OF Florida

Miami-Dade COUNTY

I, Aldo M Leiva, certify that the information in this Statement of

Organization is complete, true and correct.

X


Signature of Chairman of Political Committee

2/1/12
Date

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


OFFICE USE ONLY

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

Registered Agent and Office Information

Name Aldo M Leiva		Telephone (305) 447-7947
Street Address 1500 San Remo Avenue, Suite 245		
City Coral Gables	State FL	Zip Code 33146
Mailing Address 1500 San Remo Avenue, Suite 245		
City Coral Gables	State FL	Zip Code 33146

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.

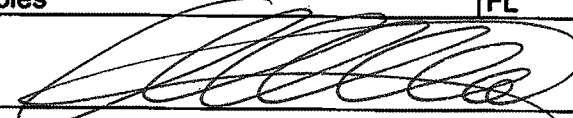
 _____ 2/1/12
Signature of Registered Agent Date

Former Registered Agent and Office Information (for changes only)

Name Frank R May		Telephone (786) 445-2434
Street Address 122 Camilo Avenue		
City Coral Gables	State FL	Zip Code 33134

Committee or Organization Information

Name of Committee or Organization Committee for Responsibility in Government		
Street Address 1500 San Remo Avenue, Suite 245		Telephone (305) 447-7947
City Coral Gables	State FL	Zip Code 33146

 _____
Signature of Chairperson

Aldo M Leiva 2/1/12
Printed Name of Chairperson Date

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Campaign Treasurer's Report
Electronic Filing Requirements
for Miami-Dade County



Candidate (office sought): _____

Political Committee: COMMITTEE FOR RESPONSIBILITY IN GOVERNMENT

Party Executive Committee: _____

Other: _____

I, ALDO M LEIVA
(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.

Signature of Candidate or Chairperson

2/1/12

Date

Day Time Telephone Number: (305) 447-7947

Alternate Contact Number: (305) 984-7992

Email Address: aleiva@leivalaw.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.

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