

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

1. Full Name of Committee
PROVEN LEADERSHIP FOR MIAMI

Telephone
(305)529-5440

Mailing Address (include city, state and zip code)
2600 S DOUGLAS ROAD SUITE 800, CORAL GABLES, FL 33134

Street Address (include city, state and zip code)
2600 S DOUGLAS ROAD SUITE 800, CORAL GABLES, FL 33134

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	N/A	N/A

3. Area, Scope and Jurisdiction of the Committee

City of Miami

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

CIVIC AND GOVERNMENTAL POLICY EDUCATION

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
CARLOS M. TRUEBA	2600 S. DOUGLAS ROAD SUITE 800, CORAL GABLES, FL 33134	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	
HORACIO STUART AGUIRRE	1910 NW 13 St. MIAMI FL 33125 R.A.G.	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: NONE List Any Issues this Committee is Opposing: NONE			
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	
OCEAN BANK		780 NW 42ND AVENUE 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	N/A	N/A	N/A
STATE OF <u>FLORIDA</u>		<u>MIAMI-DADE</u> COUNTY	
I, <u>Horacio Stuart Aguirre</u> , certify that the information in this Statement of Organization is complete, true and correct.			
X <u>Horacio Stuart Aguirre</u> Signature of Chairman of Political Committee		<u>4/3/23</u> Date	

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