

**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

Miamians for an Independent and Accountable Mayor's Initiative, Inc.

Telephone

(305) 445-0777

Mailing Address (include city, state and zip code)

2600 South Douglas Rd., Suite #900
Coral Gables, Florida 33134

Street Address (include city, state and zip code)

2600 South Douglas Rd., Suite #900
Coral Gables, Florida 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		

3. Area, Scope and Jurisdiction of the Committee

Sponsor of Mayor Charter Amendment in City of Miami; City of Miami ballot issues

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

Government

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
Jose Riesco	2600 South Douglas Rd., Suite #900, 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
Antonio Argiz	1450 Brickell Ave., 18th Floor, Miami, FL 33131	Chairman
Chelin Duran	1440 Brickell Bay Dr., Apt. 402, Miami, FL 33131	Member
Harry Piedra	1801 Coral Gate Dr., Miami, FL 33134	Member
Richard Dunn	1895 NW 57th St., Miami, FL 33142	Member
Thelma Gibson	3661 Franklin Ave., Miami, FL 33133	Member
L. Elijah Stiers	150 W. Flagler St., Ste.2900, PHII, Miami, FL 33130	Member

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: City of Miami - Mayor Charter Amendment
List Any Issues this Committee is Opposing:

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?
 Return to contributors or contribute to a 501(c) organization

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

Name of Bank or Depository & Account Number	Mailing Address
Pacific National Bank	255 Aragon Avenue Coral Gables, Florida 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
Form 990	Annual	IRS	Ogden, UT
Form 1120-POL	Annual	IRS	Ogden, UT

STATE OF Florida COUNTY Miami-Dade

I, Antonio Argiz, certify that the information in this Statement of Organization is complete, true and correct.

Antonio Argiz Signature of Chairman of Political Committee

3/6/2018 Date

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