## STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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2018 AUG 24 AM 10: 04

OFFICE OF THE CITY CLERK CITY OF MIAMI

Full Name of Committee     Accountable Miami PC	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 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	Treasure	r					

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 Add	Mailing Address		Committee Title or Position				
Daniel Milian	2600 South Douglas Rd., Gables, FL 33134	2600 South Douglas Rd., Suite #900, Coral Gables, FL 33134		Chairman				
Jose Riesco	2600 South Douglas Rd., Gables, FL 33134	2600 South Douglas Rd., Suite #900, Coral Gables, FL 33134			Treasurer			
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		rty			
N/A								
8. List Any Issues this Committee is Supporting: City of Miami - Strong Mayor Charter Amendment								
5.50								
9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party  N/A					AUG 24			
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 Depos	sitories Used for Co	mmittee	Funds		0.0		
Name of Bank or Dep	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	f Official	Mailing Address				
Form 1120-POL	Annual	IRS		Ogden, UT				
STATE OF Florida		Miami-Dade county						
ı, Daniel Milian	_ , certify that the information in this Statement of							
Organization is complete, true and correct  Signature of Chairman of Political Committee  8/22/18  Date								