

# 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**

Miami Freedom Park Political Committee, Inc.

Telephone

305-406-1892

Mailing Address (include city, state and zip code)

2600 South Douglas Road, Suite 900  
Coral Gables, FL 33134

Street Address (include city, state and zip code)

2600 South Douglas Road, Suite 900  
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		

**3. Area, Scope and Jurisdiction of the Committee**

City of Miami ballot issues, advocating for a Local Referendum amending the City of Miami Charter

**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 A. Riesco	2600 South Douglas Road, Suite 900 Coral Gables, FL 33134	Treasurer
Jeannine R. Miranda	2600 South Douglas Road, Suite 900 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
Pablo A. Alvarez	800 Douglas Road, 12th Floor Coral Gables, FL 33134	Chairperson

**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:** Advocating for a Local Referendum amending the City of Miami Charter  
**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?**  
 Residual funds to be donated to a not-for-profit organization, or pro-rata contribution refunds to contributors

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

Name of Bank or Depository & Account Number	Mailing Address
CITY NATIONAL BANK	9696 SW 40 <sup>TH</sup> STREET MIAMI, FL 33165

**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 SS-4	Upon formation	IRS	Ogden, Ut 84201
Form 1120-POL	March 15, annually	IRS	Ogden, Ut 84201
Form 990	May 15, annually	IRS	Ogden, Ut 84201

STATE OF Florida Miami-Dade COUNTY

I, Pablo A. Alvarez, certify that the information in this Statement of

Organization is complete, true and correct.

**X**  9/17/18  
 Signature of Chairman of Political Committee Date

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