

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

People for Fair Parking Fees PC

Telephone

850-980-6542

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	N/A	N/A

3. Area, Scope and Jurisdiction of the Committee

Petition process and ballot Issue campaign to amend the City Charter in the City of Miami, Florida

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

Charter Amendment to reduce the parking surcharge

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 Riesco 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
Alexis P. Quittner	475 Brickell Avenue Apt. 1815 Miami, Florida 33131	Chair
Juan-Carlos Planas, Esq.	8325 SW 118 Terrace Miami, Florida 33156	Registered Agent

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
To Be Determined	To Be Determined	To Be Determined	To Be Determined

8. List Any Issues this Committee is Supporting: Charter Amendment to reduce the Parking Surcharge in the City of Miami

List Any Issues this Committee is Opposing: to be determined

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?

Donation to 501(c)(3) charitable organization.

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

Name of Bank or Depository & Account Number	Mailing Address
Regions Bank	3516 Main Highway, Miami, FL 33133

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
SS4	Upon Formation	Internal Revenue Service	Ogden, UT 84201
Form 8871	Upon Formation	Internal Revenue Service	Ogden, UT 84201
Form 1120 POL	March 15, Annually	Internal Revenue Service	Ogden, UT 84201
Form 990	May 15, Annually	Internal Revenue Service	Ogden, UT 84201

STATE OF Florida COUNTY Miami-Dade

I, Alexis P. Quittner, certify that the information in this Statement of

Organization is complete, true and correct.

X

Signature of Chairman of Political Committee

8-19-19

Date

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