

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

1. Full Name of Committee

Take Back Our City

Telephone

(786) 250-1160

Mailing Address (include city, state and zip code)

1401 SW 17th Ter
Miami, FL 33145

Street Address (include city, state and zip code)

1401 SW 17th Ter
Miami, FL 33145

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 CITY OF MIAMI

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

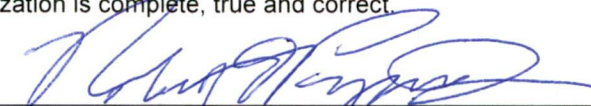
Support or oppose City of Miami candidates, issues, and petitions (including recall petition efforts)

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

Support better government in the City of Miami

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
Juan Cuba	165 Ponce de Leon Blvd, 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	
Robert F. Piper III	1401 SW 17th Ter., Miami, FL 33145	Chair	
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	none	none	none
8. List Any Issues this Committee is Supporting: support the recall of City Commissioner Joe Carollo & any issues the lead to better government in the city of Miami			
List Any Issues this Committee is Opposing: opposing none currently			
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? 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	
BB&T		2000 Ponce de Leon Blvd, Coral Gables, FL 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 <u>Florida</u> <u>Miami-Dade</u> COUNTY			
I, <u>Robert F. Piper III</u> , certify that the information in this Statement of			
Organization is complete, true and correct.			
X 		<u>1/30/2020</u>	
Signature of Chairman of Political Committee		Date	

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