STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE REGE	USE ONLY
2020 FEB 11	All Comments of the Comments o
SITY	CITY CLENK

1. Full Name of Committee Take Back Our City				Telephone 786-250-1160		
Mailing Address (include city 1401 SW 17 Terrace Miami, Florida 33145	y, state	e and zip code)		.1		
Street Address (include city, s 1401 SW 17 Terrace Miami, Florida 33145	state a	and zip code)		£		
2. Affiliated or Connected Org	ganiz	ations (includes other committees of con	itinuous ex	istence and political		
Name of Affiliated or Connected Organization		Mailing Address	Relationship			
N/A		N/A		N/A		
3. Area, Scope and Jurisdiction of the Committee Candidates and Issues in the City of Miami, specifically the recall of Commissioner Joe Carollo						
4. Nature of Organization or ORGENIAL COMMISSIONER JOBERS 1		iization's Special Interest (e.g., medical, I arollo	egal, educ	ation, etc.)		
5. Identify by Name, Address	and F	Position, the Custodian of Books and Acc	counts (inc	lude treasurer's name)		
Full Name		Mailing Address	Committee Title or Position			
-) SW 75th Terrace ni, Florida 33143	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	ress	Committee Title or Position			
Robert F. Piper III	1401 SW 17 Terrace Miami, Florida 33145	Cha	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	Mailing Address Office Sought				
N/A	N/A	N/A	N/A			
8. List Any Issues this C	ommittee is Supporting: Recall	of Commissioner Joe (Carollo			
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 a 501(c)(3) organization						
11. List all Banks, Safety	Deposit Boxes, or Other Depos	sitories Used for Commit	tee Funds			
Name of Bank or De	pository & Account Number	Mail	ing Address			
BB&T		2000 Ponce de Leon Blvd. 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 Offic	ial Mailing Address			
SS4 Form 8871 Form 1120 POL Form 990	Upon Formation Upon Formation March 15, Annually May 15, Annually	Internal Revenue Service Internal Revenue Service Internal Revenue Service Internal Revenue Service	Ogden, UT 84201 Ogden, UT 84201 Ogden, UT 84201 Ogden, UT 84201			
STATE OF Florida Miami-Dade COUN			ade county			
Robert F. Piper III , certify that the information in this Statement of Organization is complete, true and correct.						
X MANTI	16/102	02/1	1/2020			
Signature of	Chairman of Political Committee		Date			