

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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2021 MAY -4 PM 4:00

OFFICE OF THE CITY CLERK
CITY OF MIAMI

1. Full Name of Committee

MIAMI GOOD GOVERNMENT INITIATIVE

Telephone

305-445-0777

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

CANDIDATE AND BALLOT ISSUES, MUNICIPAL ELECTIONS

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

POLITICAL, 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, CPA	2600 SOUTH DOUGLAS ROAD, #900 CORAL GABLES, FL 33134	TREASURER
JEANNINE RIESCO MIRANDA	2600 SOUTH DOUGLAS ROAD, #900 CORAL GABLES, FL 33134	DEPUTY TREASURER
RICHARD BARBARA	2600 SOUTH DOUGLAS ROAD, #900 CORAL GABLES, FL 33134	CHAIRPERSON

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	
JOSE A. RIESCO, CPA	2600 SOUTH DOUGLAS ROAD, #900 CORAL GABLES, FL 33134	TREASURER	
JEANNINE RIESCO MIRANDA	2600 SOUTH DOUGLAS ROAD, #900 CORAL GABLES, FL 33134	DEPUTY TREASURER	
RICHARD BARBARA	2600 SOUTH DOUGLAS ROAD, #900 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
TO BE DETERMINED			
8. List Any Issues this Committee is Supporting: TO BE DETERMINED			
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?			
CONTRIBUTE TO SECTION 527 ORGANIZATIONS, CANDIDATES, OR CHARITABLE ORGANIZATIONS.			
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		8311 SW 40 STREET MIAMI, FL 33155	
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 FORM 8871 FORM 1120POL 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, UTAH 84201 OGDEN, UTAH 84201 OGDEN, UTAH 84201 OGDEN, UTAH 84201
STATE OF <u>FLORIDA</u> <u>MIAMI-DADE</u> COUNTY			
I, <u>RICHARD BARBARA</u> , certify that the information in this Statement of			
Organization is complete, true and correct.			
X <u>[Signature]</u>		<u>May 4, 2021</u>	
Signature of Chairman of Political Committee		Date	

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