## STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE OF SOPFICE USE ONLY
OFFICE OF STOP ON 3: 10

1. Full Name of Committee			Telephone			
Keeping Coral Fables Beautiful			305.244.4589			
Mailing Address (include city	_					
110 SW 12 St. Unit 1402, Miami, FL 33130						
Street Address (include city, state and zip code)						
Same as above						
2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)						
Name of Affiliated or Connected Organization	Mailing Address		Relationship			
NIA						
3. Area, Scope and Jurisdiction of the Committee						
(oval Gables						
4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)						
Political committee supporting or opposing only municipal anditakes						
5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)						
Full Name	Mailing Address	Comm	nittee Title or Position			
Luis Mata	110 S.W. 12 St. Unit 1402	Treas	urer			
	Miani, FL 33130					

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 Addr	Mailing Address		Committee Title or Position		
Luis Mata	110 SW125+, U	nit 1412	1 11/2			
	100 mai Fi 3313	FI 33131)				
Luis Mata	110 SW 12 St. Unit 1402 Miami, FL 33130		Treesurer			
Luis Plata	Miami, FL 331	iami, FL 33130		Yelfurer		
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		Party		
TRO						
8. List Any Issues this Con	mittee is Supporting:	A				
List Any Issues this Committee is Opposing:						
9. If this Committee is Supp	oorting the Entire Ticket of a	Party, Give Name o	f Party			
NIA						
10. In the Event of Dissolut	ion, What Disposition will be	Made of Residual F	unds?			
Any Achritics allowed under Florida Law						
11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds						
Name of Bank or Depos	Name of Bank or Depository & Account Number Mailing Address			Address		
Cal Madaril Bris		2855 5. Le Jenne Rd. 8de 180				
City National Bank		2855 5. Le Jenne Rd. Ste 180 Co-al Gables FL 33134				
Co 2 (OABLES ( C ) 3) 34						
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 o	f Official	Mailing Address		
STATE OF FLOVIDE MIAMI-Dade COUNTY				Dade COUNTY		
STATE OF Florida Mami-lade COUNTY  I, Lus Mata, certify that the information in this Statement of						
Organization is complete, true and correct.						
x Som	Tuto		2.	10/21		
Signature of C	nairman of Political Committee	<u> </u>		Date		