## STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

**OFFICE USE ONLY** 

SOSGMUB IS PAT:25 CITY CLERK'S OFFICE

1. Full Name of Committee	Telephone				
End the Corruption, PC		305-801-8700			
Mailing Address (include city	, state and zip code)				
6619 S. Dixie Hwy, Num 1 Miami, FL 33143	48,				
Street Address (include city, s	• •				
6619 S. Dixie Hwy, Num 1 Miami, FL 33143	48,				
2. Affiliated or Connected Org committees)	ganizations (includes other committees of c	ontinuous existence 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					
City of Coral Gables					
4. Nature of Organization or or Political. Municipal Recal	Organization's Special Interest (e.g., medical of Mayor Vicente Lago.	i, legal, education, etc.)			
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			
Gloria Maggiolo	6619 S. Dixie Hwy No. 148 Miami, FL 33143	Treasurer			
David Winker	2222 SW 17th St Miami, FL 33145-2016	Deputy Treasurer			
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6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of he 社会 Principal Officers (Include Committee, If Any (include chairman's name)							
Full Name	Mailing Addre	Mailing Address		Committee Title or Position			
Maria C. Cruz	1447 Miller Road Coral Gables, FL 33146			Chair			
David J. Winker,Esq.	2222 SW 17th St Miami, FL 33145-2016			Registered Agent			
Gloria Maggiolo	6619 S. Dixie Hwy No. 148 Miami, FL 33143			Treasurer			
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			
N/A	N/A	N/A		N/A			
8. List Any Issues this Co	8. List Any Issues this Committee is Supporting: Recall of Coral Gables Mayor, Vicente "Vince" Lago						
List Any Issues this Committee is Opposing:							
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? Return to contributors or donate to 501(c) organization.							
11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds							
Name of Bank or Dep	Mailing Address						
City National Bank of Florida Acct# TBD		8311 SW 40th 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	of Official	Mailing Address			
SS4	Upon formation	Internal Revenue	Service	Ogden, UT 84201			
Form 8871	Upon formation & at closing	Internal Revenue	Service	Ogden, UT 84201			
STATE OF FLORIDA Miami-Dade COUNT							
I, Maria C. Cruz , certify that the information in this Statement of							
Organization is complete, true and correct.  X Signature of Chairman of Political Committee  3/12/2024  Date							