

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <u>Republican Party of Dade Co.</u>	☐ (Check if name is changed)	2. DATE <u>5/27/97</u>
(b) Number and Street Address <u>1790 Coral Way, Suite 200</u>	☒ (Check if address is changed)	3. FEC IDENTIFICATION NUMBER <u>C00187013</u>
(c) City, State and ZIP Code <u>Miami FL 33145</u>		4. IS THIS STATEMENT AN AMENDMENT? ☒ YES ☐ NO

5. TYPE OF COMMITTEE (Check one)

- ☐ (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- ☐ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- ☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)
- ☒ (d) This committee is a subordinate committee of the Republican Party. (National, State or subordinate) (Democratic, Republican, etc.)
- ☐ (e) This committee is a separate segregated fund.
- ☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization

- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

7. Custodian of Records: (Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.)

Full Name	Mailing Address	Title or Position
<u>Ana M. Gamonal</u>	<u>1790 Coral Way, Suite 200</u>	<u>Exec Director</u>

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
<u>Andrew E Grigsby</u>	<u>1790 Coral Way, Suite 200</u> <u>Miami FL 33145</u>	

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
<u>First Union Bank of FL</u>	<u>PO Box 1965</u> <u>Pompano Beach FL 33061-1965</u>

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER <u>Andrew E Grigsby</u>	SIGNATURE OF TREASURER 	DATE <u>5/27/97</u>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-576-3120

FEC FORM 1
(revised 4/87)

Federal Election Commission
ENVELOPE REPLACEMENT PAGE
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and Registration

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E.S.
PREPARER

5/30/97
DATE PREPARED