

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Republican Party Of Miami Dade County

ADDRESS (number and street) 1460 NW 107 AVE

(Check if address is changed)

Doral CITY ▲ FL STATE ▲ 33172 ZIP CODE ▲

### COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) annette.miamidadegop@gmail.com

Optional Second E-Mail Address republican\_party@bellsouth.net

### COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) http://www.miamidadegop.org

2. DATE 06 / 10 / 2021

3. FEC IDENTIFICATION NUMBER ▶ C C00471573

4. IS THIS STATEMENT  NEW (N) OR  AMENDED (A)

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 Hernandez , Annette, M. , ,

Signature of Treasurer Hernandez , Annette, M. , , [Electronically Filed] Date 06 / 11 / 2021

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.

5. TYPE OF COMMITTEE

**Candidate Committee:**

- (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:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a  SUB (National, State or subordinate) committee of the  REP (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
2. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
3. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
4. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

Write or Type Committee Name

# Republican Party Of Miami Dade County

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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 Jewett, Mariela, F., ,

Mailing Address 1460 NW 107th Avenue

Suite P

Doral

FL

33172

Title or Position

CITY

STATE

ZIP CODE

Deputy Director

Telephone number 305 - 591 - 3840

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 of Treasurer Hernandez , Annette, M. , ,

Mailing Address 1460 NW 107th Ave

Suite P

Doral

FL

33172

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 305 - 591 - 3840

Full Name of Designated Agent

Garcia, Rene, , ,

Mailing Address

217 East 63 Street

Hialeah

FL

33013

CITY

STATE

ZIP CODE

Title or Position

Chairman

Telephone number

305

458

3859

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.

TD BANK

Mailing Address

255 ALHAMBRA CIR

CORAL GABLES

FL

33134

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE