

**STATEMENT OF ORGANIZATION  
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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DIVISION OF ELECTIONS  
TALLAHASSEE, FL

**1. Full Name of Committee**  
FIGHTING FOR FLORIDA'S FAMILIES

Telephone  
305-445-0777

Mailing Address (include city, state and zip code)  
95 MERRICK WAY, SUITE 250, CORAL GABLES, FLORIDA 33134

Street Address (include city, state and zip code)  
95 MERRICK WAY, SUITE 250, CORAL GABLES, FLORIDA 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**  
STATEWIDE- POLITICAL COMMITTEE TO SUPPORT OR OPPOSE CANDIDATES FOR STATE, COUNTY, AND MUNICIPAL OFFICE AND OTHER ACTIVITIES ALLOWED UNDER FLORIDA ELECTION LAW.

**4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)**  
POLITICAL- EDUCATE AND ADVOCATE BASED ON CANDIDATE POSITIONS AND ISSUES

**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	95 MERRICK WAY, SUITE 250, CORAL GABLES, FLORIDA 33134	TREASURER

**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
BRYAN AVILA	95 MERRICK WAY, SUITE 250, CORAL GABLES, FLORIDA 33134	CHAIRPERSON
JOSE RIESCO	95 MERRICK WAY, SUITE 250, CORAL GABLES, FLORIDA 33134	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
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?**  
 ANY ACTIVITIES ALLOWED UNDER FLORIDA LAW FOR DISPOSAL OF RESIDUAL FUNDS

**11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds**

Name of Bank or Depository & Account Number	Mailing Address
BANK OF AMERICA	175 EAST HIALEAH DRIVE HIALEAH, FLORIDA 33010

**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
FORM 8871 FORM 1120 POL FORM 990	UPON FORMATION MARCH 15, ANNUALLY MAY 15, ANNUALLY	INTERNAL REVENUE SERVICE	OGDE, UTAH 84201

STATE OF FLORIDA MIAMI-DADE COUNTY

I, BRYAN AVILA, certify that the information in this Statement of

Organization is complete, true and correct.  
 Bryan Avila  
 Signature of Chairman of Political Committee 12/12/14  
 Date