

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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DIVISION OF ELECTIONS  
TALLAHASSEE, FL

**1. Full Name of Committee**

Stronger NMB

Telephone

(305) 608-4300

Mailing Address (include city, state and zip code)

PO Box 122  
Tallahassee, FL 32302

Street Address (include city, state and zip code)

1835 NE Miami Gardens Drive  
Suite 184  
North Miami Beach, FL 33179

**2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)**

Name of Affiliated or Connected Organization	Mailing Address	Relationship
None.		

**3. Area, Scope and Jurisdiction of the Committee**

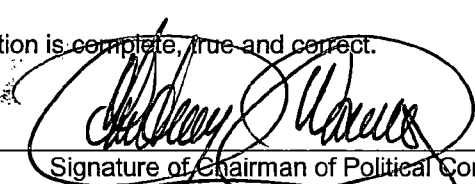
Statewide, multi-county, countywide, and municipal candidates and issues.

**4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)**

Effective local governance; politics.

**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
Christian R. Camara	PO Box 122 Tallahassee, FL 32302	Treasurer

<b>6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)</b>			
Full Name	Mailing Address	Committee Title or Position	
Christian R. Camara Ariel E. Vasquez Ketha D. Otis Edouard St. Hilaire	PO Box 122 Tallahassee, FL 32302 PO Box 122 Tallahassee, FL 32302 PO Box 122 Tallahassee, FL 32302 PO Box 122 Tallahassee, FL 32302	Chairman Vice Chairman Secretary Deputy Secretary	
<b>7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)</b>			
Full Name	Mailing Address	Office Sought	Party
None.			
<b>8. List Any Issues this Committee is Supporting: TBD</b>			
List Any Issues this Committee is Opposing: TBD			
<b>9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party</b>			
None.			
<b>10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?</b>			
Charitable contribution(s) eligible under Florida law.			
<b>11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds</b>			
Name of Bank or Depository & Account Number		Mailing Address	
Truist Bank Account: TBD		2051 Thomasville Road Tallahassee, FL 32308	
<b>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</b>			
Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
None.			
STATE OF <u>Florida</u>		<u>Leon</u> COUNTY	
I, <u>Christian R. Camara</u> , certify that the information in this Statement of			
Organization is complete, true and correct.			
<b>X</b>	 Signature of Chairman of Political Committee		<u>March 10, 2026</u> Date