

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR
POLITICAL COMMITTEES**
(Sections 106.011(1) and 106.021(1), F.S.)

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ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization <i>PEOPLE FOR TRUTH & INTEGRITY</i>		2. Telephone <i>(305) 929-8500</i>	
3. Name of Treasurer or Deputy Treasurer <i>JUAN CARLOS PLANAS, ESQ.</i>		4. Email (optional)	
5. Telephone (optional) <i>(305) 929-8500</i>		6. Mailing Address <i>18851 NE 29 AVE, SUITE 303, AVENTURA, FL 33180</i>	
7. Street Address <i>18851 NE 29 AVE, SUITE 303, AVENTURA, FL 33180</i>			
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank <i>GREAT FLORIDA FLORIDA BANK</i>		10. Street Address <i>150 ALHAMBRA CIR. FIRST FLOOR. CORAL GABLES, FL 33134</i>	
11. City <i>CORAL GABLES</i>		12. State <i>FL</i>	13. Zip Code <i>33134</i>
14. Signature of Chairman <i>[Signature]</i>		15. Name of Chairman (Print or Type) <i>Jordan Pasales</i>	

Campaign Treasurer's Acceptance of Appointment

I, *JUAN-CARLOS PLANAS*, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for *PEOPLE FOR TRUTH & INTEGRITY*
(Committee or Organization)

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

6/15/14
Date

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**
(Section 106.022, F.S.)

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- Original Appointment Change of Appointment
 Change of Mailing Address Change of Physical Address

Registered Agent and Office Information

Name <u>JUAN-CARLOS PRANAK</u>		Telephone <u>305 929-8500</u>
Street Address <u>18851 NE 29 AVE, SUITE #303, AVENTURA, FL</u>		
City <u>AVENTURA</u>	State <u>FL</u>	Zip Code <u>33180</u>
Mailing Address <u>18851 NE 29TH AVENUE, SUITE #303</u>		
City <u>AVENTURA</u>	State <u>FL</u>	Zip Code <u>33180</u>

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the Division of Elections.

[Signature] 6/15/2011
Signature of Registered Agent Date

Former Registered Agent and Office Information (for changes only)

Name		Telephone
Street Address		
City	State	Zip Code

Committee or Organization Information

Name of Committee or Organization <u>PEOPLE FOR TRUTH & INTEGRITY</u>		
Street Address <u>18851 NE 29TH AVENUE</u>		Telephone <u>305-929-8500</u>
City <u>AVENTURA</u>	State <u>FL</u>	Zip Code <u>33180</u>

Committee or organization is registered with:

- Division of Elections County MIAMI-DADE City _____

[Signature] 6/15/11
Signature of Chairperson Date
Jordan Rosales
Print Name of Chairperson

**ELECTIONEERING COMMUNICATION
STATEMENT OF ORGANIZATION**

(PLEASE TYPE)

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ELECTIONS DEPARTMENT

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1. Full Name of Organization <i>People for Truth & Integrity</i>		Telephone <i>305-929-8500</i>	
Mailing Address (include city, state and zip code) <i>18851 NE 29 Ave, Suite 303, Aventura, FL 33180</i>			
Street Address (include city, state and zip code) <i>18851 NE 29 Ave, Suite 303, Aventura, FL 33180</i>			
2. Affiliated or Connected Organizations			
Name of Affiliated or Connected Organization		Mailing Address	
Relationship			
<i>N/A</i>		<i>N/A</i>	
<i>N/A</i>		<i>N/A</i>	
3. Area, Scope and Jurisdiction of the Organization <i>MIAMI-DADE COUNTY</i>			
4. Identify by Name, Address & Position, the Custodian of Books & Accounts for the Organization			
Full Name	Mailing Address	Street Address	Title or Position
<i>JUAN CARLOS PLANAS, Esq.</i>	<i>18851 NE NE 29 AVENUE, STE #303 AVENTURA, FL 33180</i>	<i>18851 NE 29 AVE SUITE # 303 AVENTURA, FL 33180</i>	<i>TREASURER</i>
5. This Organization was formed (check applicable box): (Calendar quarters end the last day of March, June, September, and December.)			
<input checked="" type="checkbox"/> As a newly created organization during the current calendar quarter.			
<input type="checkbox"/> From an organization existing prior to the current calendar quarter.			

6. List By Name, Mailing and Street Address, & Position, Other Principal Officers, including the treasurer and deputy treasurer, if any. Include the top-ranking officer's (e.g., chairperson) name and information.

Full Name	Mailing Address	Street Address	Title or Position
JUAN CARLOS PLANAS, ESQ.		18851 N.E. 29TH AVE.	TREASURER
JORDAN ROSALES	18851 NE 29TH AVE. STE., #303 - AVENTURA, FL 33180	SUITE # 303 AVENTURA, FL 33180	CHAIRMAN

7. In the Event of Dissolution, What Disposition will be Made of the Residual Funds?

RETURNED TO CONTRIBUTORS PRO-RATA OR DONATED TO
A 501(c)(3).

8. List All Banks, Safety Deposit Boxes, or Other Depositories Used by this Organization for Electioneering Communications

Name of Bank or Depository	Mailing Address
GREAT FLORIDA BANK	150 ALHAMBRA CIR, FIRST FLOOR CORAL GABLES, FL 33134

9. List All Reports Required to be Filed by this Organization with Federal Officials, & the Names, Addresses, & Positions of Such Officials, If Any


Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
N/A			

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STATE OF FLORIDA COUNTY MIAMI-DADE

I, Jordan Rosales, certify that the information in this Statement of

Organization is complete, true, and correct.

X 
 Signature of Top-ranking Principal Officer of Organization

6/15/11
 Date