2012 MAY 24 AM 11: 22

MIAMI-DADE ELECTIONS

#### **ELECTIONEERING COMMUNICATION** STATEMENT OF ORGANIZATION

(PLEASE TYPE)

					OFFICE USE ONLY	
1. Full Name of Organization					Telephone	
Citizens for Lower Property Taxes				305-445-0777		
Mailing Address (include city, s				***************************************		
95 Merrick Way	, Suite 2	250, Coral Gables, F	Florida 33134			
Street Address (include city, state	1 10 110042 1885 19		54 E SERVICIO SE OS	A		
95 Merrick Way	, Suite 2	250, Coral Gables, F	Florida 33134			
2. Affiliated or Connected Org	ganizati	ons			411.	
Name of Affiliated or Connected Organization		Mailing Address		***************************************	Relationship	
None						
3. Area, Scope and Jurisdiction of the Organization  Miami-Dade County electioneering communications for candidates and issues related to property tax reform						
4. Identify by Name, Address & Position, the Custodian of Books & Accounts for the Organization						
Full Name	Mi	ailing Address	Street Addr	ess	Title or Position	
Jose A. Riesco	95 Mer	& Company LLC rick Way 50 Gables, Florida	Riesco & Company LLC 95 Merrick Way Suite 250 Coral Gables, Florida 33134		Treasurer	
<ul> <li>5. This Organization was formed (check applicable box): (Calendar quarters end the last day of March, June, September, and December.)</li> <li>As a newly created organization during the current calendar quarter.</li> <li>From an organization existing prior to the current calendar quarter.</li> </ul>						

		on, Other Principal Officers, in		
Full Name	Mailing Address	Street Address	Title or Position	
Monica Cantera-Serralta  Jose A. Riesco	Riesco & Company LLC 95 Merrick Way Suite 250 Coral Gables, Florida 33134	Riesco & Company LLC 95 Merrick Way Suite 250 Coral Gables, Florida 33134	Chairperson Treasurer	
Most likely will be donated to	o a 501(c)(3) as allowed unde	Made of the Residual Funds or Florida law sitories Used by this Organia	zation for Electioneering	
	or Depository	Mailing Address		
Bank of Coral Gables		2295 Galiano Street Coral Gables, Florida 33134		
<ol><li>List All Reports Required &amp; Positions of Such Offi</li></ol>		ation with Federal Officials,	& the Names, Addresses,	
Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address	
Form SS-4 Form 8871 as may be required	Upon formation March 15, annually	Internal Revenue Service	Ogden, Utah 84201	
STATE OF Florida		Miami-Dade	COUNTY	
I,Monica Cantera-Serralt	a	certify that the inform	nation in this Statement of	
Organization is complete, true	e, and correct			
X Signature of Top-ranking	Principal Officer of Organiza		3-/2 Date	

#### REGISTERED AGENT STATEMENT OF APPOINTMENT

OFFICE USE ONLY
2012 MAY 24 AM 11: 22

(Section 106.022, F.S.)				
(Section 100.022, F.S.)			MIAMI DADE	
			MIAMI-DADE ELECTIONS	
✓ Original Appointment ☐ Change of Appointment ☐ Change of Physical Address			EEE0110113	
	L	CC: l _ C _ was a 4 i		
Registered Ag	ent and O	ffice Information	on T	
Name Jose A. Riesco			Telephone 305-445-0777	
Street Address 95 Merrick Way, Suite 250	g			
City Coral Gables	State Florida		Zip Code 33134	
Mailing Address 95 Merrick Way, Suite 250				
City Coral Gables	State Florida		Zip Code 33134	
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 applicable filing officer.  Signature of Registered Agent  Date				
Former Registered Agent and Office Information (for changes only)				
Name			Telephone	
Street Address				
City	State		Zip Code	
Committee or	Organizat	tion Informatio	n	
Name of Committee or Organization				
Citizens for Lower Property Taxes				
Street Address 95 Merrick Way, Suite 250			Telephone 305-445-0777	
City "Çoral,Galojes,	State Florid	da	Zip Code 33134	
Signature of Chairperson				
g				
Monica Cantera-Serralta		5.7	33-12	
Printed Name of Chairperson	Date			



### Access to Handbook and the Election Laws of the State of Florida

2012 MAY 24 AM 11: 22

MIAMI-DADE

Candidate/Chairperson:		
Monica		Cantera-Serralta
First Name	Middle Name	Last Name
Citizens for Lo	ower Property Ta	xes
3	Office Sought / Organization	on
I acknowledge that it is m requirements described in to County Elections Department	the following resources	d, understand and follow the available on the Miami-Dade
Contains information on St Florida, County Laws and I	ate Laws and Handbooks, t Handbooks, Qualifying Infor	le.gov/elections/candidate.asp) he Election Laws of the State of mation, Electronic Reporting Dates I Recent Legislative Changes.
Florida, County Laws and I	ate Laws and Handbooks, t	he Election Laws of the State of orting Dates and Procedures.
Acknowledged by:	Muace	
Date:	Candidate / Chairperso	n Signature
Primary Telephone Number:	305-445-0777	
Alternate Telephone Number	305-461-0563	
E-mail address: MICSerr	alta@aol.com	

# Campaign Treasurer's Report 2012 MAY 24 AM II: 2 Electronic Filing Requirements for Miami-Dade County



☐ Candidate (office sought): Candidate's Florida Voter Registration Number: Political Committee: Citizens for Lower Property Taxes □ Party Executive Committee: □ Other: Monica Cantera-Serralta (Please print name of Candidate or Chairperson) understand that Campaign Treasurer's Reports must be filed electronically in order to comply with Miami-Dade County requirements. Additionally, a hard copy of the Campaign Treasurer's Reports must be printed from the Miami-Dade County Elections Department website and submitted by the reporting deadline with original signatures. 5-23-12 Signature of Candidate or Chairperson Date 305-445-0777 Day Time Telephone No: Mlcserralta@aol.com Email Address:

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.

## STATEMENT OF SOLICITATION

(Section 106.0701, Florida Statutes)

2012 MAY 24 AM 11: 21

MIAMI-DADE ELECTIONS

Office Use On Tracking: Account:	nly	ion los la	LOTIONS	
PART A	✓ Office Holder: Legislator	Candida	ate: (Choose One)	
Name State Representative Carlos Lopez-Cantera			Telephone 305-445-0777	
Mailing Addre 95 Merrick \	ess Way, Suite 250		Email Address carlos@lopezcantera.com	
City State Coral Gables Florida			Zip Code 33134	
Name of Orga Citizens for	anization  Lower Property Taxes			
PART B	Relationship Between Office Holder or Candidate and Organization (in whole or in part): Established/Maintain  Organization Type:  527			
PART C	Web Address as Required by Section 106.0701(3), F.S. (if website has not been created, put "To be determined") "To be determined"			
PART D	5 23 12			
INSTRUCTIONS FOR COMPLETING AND FILING FORM DS-DE 102 STATEMENT OF SOLICITATION				

#### Introductory Information

As this form utilizes drop-down menus, you must enter the information directly on the form <u>prior</u> to printing. After printing, sign the document. Fax or mail PAGE 1 of the form to the <u>Division of Elections</u>, <u>Bureau of Election Records</u>, R. A. Gray Building, Room 316, 500 South Bronough Street, Tallahassee, Florida 32399-0250; Fax Number 850-245-6259.

#### Who Must File Form DS-DE 102

The Governor, Lieutenant Governor, members of the Cabinet, state legislators, or candidates for such offices who directly or indirectly solicit, cause to be solicited, or accept any contribution on behalf of an organization that is exempt from taxation under s. 527 or s. 501(c)(4) of the Internal Revenue Code, which such individuals, in whole or in part, establish, maintain, or control, must file Form DS-DE 102.