

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI-DADE
ELECTIONS

1. Full Name of Committee

Miami-Dade Republican Lawyers Committee

Telephone

305-929-8500

Mailing Address (include city, state and zip code)

18851 NE 29 Avenue, Suite 303, Aventura, FL 33180

Street Address (include city, state and zip code)

18851 NE 29 Avenue, Suite 303, Aventura, FL 33180

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	N/A	N/A

3. Area, Scope and Jurisdiction of the Committee

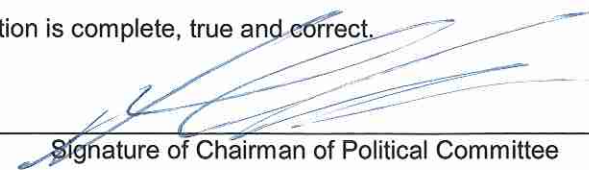
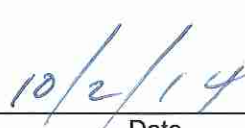
Miami-Dade County

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

Conservative legal principles

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, FL 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	
Juan-Carlos Planas, Esq.	18851 NE 29 Avenue, Suite 303 Aventura, FL 33181	Chairman and Registered Agent	
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
n/a	n/a	n/a	n/a
8. List Any Issues this Committee is Supporting: to be determined List Any Issues this Committee is Opposing: Constitutional Amendment 2			
9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party Republican Party of Florida			
10. In the Event of Dissolution, What Disposition will be Made of Residual Funds? Donation to 501(c)(3) charitable organization.			
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 Coral Gables		2295 Galiano St, Coral Gables, FL 33134	
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
SS4 Form 8871 Form 1120 POL Form 990	Upon Formation Upon Formation March 15, Annually May 15, Annually	Internal Revenue Service	Ogden, UT 84201
STATE OF <u>Florida</u>		<u>Miami-Dade</u> COUNTY	
I, <u>Juan-Carlos Planas</u> , certify that the information in this Statement of			
Organization is complete, true and correct.			
X  Signature of Chairman of Political Committee		 Date	

**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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CHECK APPROPRIATE BOX:

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☒ Original Appointment of Treasurer ☐ Reappointment of Treasurer ☐ Deputy Treasurer

1. Committee or Organization Miami Dade Republican Lawyers Committee		2. Telephone (305) 929-8500	
3. Name of Treasurer or Deputy Treasurer Jose A. Riesco		4. Email (optional) jose@riescoandcompany.com	
		5. Telephone (optional) (305) 445-0777	
6. Mailing Address 95 Merrick Way, Suite 250 Coral Gables, FL 33134			
7. Street Address 95 Merrick Way, Suite 250 Coral Gables, FL 33134			
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank Bank of Coral Gables		10. Street Address 2295 Galiano Street	
11. City Coral Gables		12. State Florida	13. Zip Code 33134
14. Signature of Chairman 		15. Name of Chairman (Print or Type) Juan-Carlos Planas	

Campaign Treasurer's Acceptance of Appointment

I, Jose A. Riesco, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for Miami Dade Republican Lawyers Committee
(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.

10/1/14
Date

X


Signature of Campaign Treasurer or Deputy Treasurer

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

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MIAMI-DADE
ELECTIONS

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

Registered Agent and Office Information

Name Juan-Carlos Planas, Esq.		Telephone 305-929-8500
Street Address 18851 NE 29 Avenue, Suite 303		
City Aventura	State Florida	Zip Code 33181
Mailing Address 18851 NE 29 Avenue, Suite 303		
City Aventura	State Florida	Zip Code 33181

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

10/2/14
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 Miami Dade Republican Lawyers		
Street Address 18851 NE 29 Avenue, Suite 303		Telephone 305-929-8500
City Aventura	State Florida	Zip Code 33180


Signature of Chairperson

 Juan-Carlos Planas
Printed Name of Chairperson

10/2/14
Date