

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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MIAMI-DADE
ELECTIONS

Telephone
305-866-7071

1. Full Name of Committee

North Bay Village Voice

Mailing Address (include city, state and zip code)
7520 Hispanola Ave, North Bay Village FL 33141

Street Address (include city, state and zip code)
Same

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
North Bay Village, Florida and Miami-Dade County, Florida

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

Quality of life in North Bay Village

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
Kevin Vericker	7520 Hispanola Ave, North Bay Village, FL 33141	Chairperson
Juan-Carlos Planas, Esq.	18851 NE 29 Avenue, Suite 303, Aventura, FI 33180	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
Jorge Brito	1865 JFK Causeway #8H North Bay Village, FL 33141	Mayor of North Bay Village	n/a
Mario Garcia	7540 Cutlass Avenue North Bay Village, FL 33141	North Bay Village Commissioner	n/a

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?

Donation to 501(c)(3) 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, FI 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 Florida Miami-Dade COUNTY

I, Kevin Vericker, certify that the information in this Statement of

Organization is complete, true and correct.

X

Kevin Vericker
Signature of Chairman of Political Committee

9/22/14
Date

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**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 North Bay Village Voice	2. Telephone (305) 866-7071
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3. Name of Treasurer or Deputy Treasurer Jose A. Riesco	4. Email (optional) jose@riescoandcompany.com	5. Telephone (optional) (305) 445-0777
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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 Primary Depository Secondary Depository

9. Name of Bank Bank of Coral Gables	10. Street Address 2295 Galiano Street
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11. City Coral Gables	12. State Florida	13. Zip Code 33134
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14. Signature of Chairman <input checked="" type="checkbox"/> 	15. Name of Chairman (Print or Type) Kevin Vericker
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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 North Bay Village Voice
(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 Signature of Campaign Treasurer or Deputy Treasurer

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

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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 State Zip Code
Aventura Florida 33181

Mailing Address
18851 NE 29 Avenue, Suite 303

City State Zip Code
Aventura Florida 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

North Bay Village Voice

Street Address Telephone
7520 Hispanola Ave 305-866-7071

City State Zip Code
North Bay Village Florida 33141


Signature of Chairperson

Kevin Vericker

Printed Name of Chairperson

2/22/2014
Date