APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR POLITICAL COMMITTEES (Sections 106.011(1) and 106.021(1), F.S.)		2015 APR ;	EIVED 24 AM 10: 17 11-DADE CTIONS	
	ntment of Treasurer		Deputy Treasurer	
1. Committee or Organization Building a Better Homestead		2. Telephone (305) 929-8	500	
3. Name of Treasurer or Deputy Treasurer 4. Email (optional) Jose A. Riesco jose@riescoandcompany.com		5. Telephone (optional) (305) 445-0777		
^{6. Mailing Address} 2600 South Douglas Road, Suite S	900, Coral	Gables, F	L 33134	
7. Street Address 2600 South Douglas Road, Suite 900, Coral Gables, FL 33134 8. The following bank has been designated as the X Primary Depository Secondary Depository				
8. The following bank has been designated as the Primary Depository Secondary Depository 9. Name of Bank 10. Street Address Bank of America 2600 South Douglas Road, Suite 900				
11. City 12. State Coral Gables Flor		da	13. Zip Code 33134	
14. Signature of Chairman	1 24 24 24 2	rman (Print or Type Ios 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 Building a Better Homestead (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. 4 23 2015 Date Date Date DS-DE 6 (Rev. 7/10)				

Campaign Treasurer's Report Miami-Dade County Electronic Filing Requirements

	Candidate (office sought):		
	Candidate's Florida Voter Registration Number: Building a Better Homestead Political Committee:		
	Party Executive Committee:	2015	
	Other:	APR	
I,	Juan-Carlos Planas, Esq.	24 AM 10	

understand that Campaign Treasurer's Reports <u>must</u> be filed electronically via the Supervisor of Elections website by midnight of the day designated in order to comply with Miami-Dade County requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miami-Dade County regarding the filing of the campaign finance reports with the Supervisor of Elections were recently amended in that original signed hardcopies are no longer required.

I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade County, Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Absentee Ballot Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engaged in absentee ballot activities.

	<u> </u>
P	Signature of Candidate or Chairperson

Day Time Telephone Number: Alternate Contact Number: 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.



Access to Handbook and tRECEIVED

Election Laws of the State of Florida

2015 APR 24 AM 10: 17

Planas

MIAMI-DADE ELECTIONS

Candidate/Chairperson:

Juan-Carlos

First Name

Middle Name

Last Name

Building a Better Homestead

Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

Candidate Qualifying Handbook (<u>http://www.miamidade.gov/elections/candidate.asp</u>) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.

Political Committee Handbook (<u>http://www.miamidade.gov/elections/pacs.asp</u>) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowle	
4/23	8/15 Candidate / Chairperson Signature
Date:	
Primary Te	305-929-8500 elephone Number:
Alternate *	850-980-6542 Felephone Number:
E-mail add	jcplanas@kb-attorneys.com Iress:

		PECEIVED			
REGISTERED AGENT		OFFICE USE ONLY			
STATEMENT OF APPOINTMENT (Section 106.022, F.S.)		2015 APR 24 AM 10: 17			
		MIAMI-DADE ELECTIONS			
Original Appointment Change of Appoir					
Change of Mailing Address L Change of Physic					
	jent and O	ffice 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	1. 101100				
City Aventura	State Florida	Zip Code 33181			
forth in Section 106.022, F.S. I also understan	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 a	and Office	Information (for changes only)			
Name	4	Telephone			
Street Address		1.			
City	State	Zip Code			
Committee or	r Organiza	tion Information			
Name of Committee or Organization					
Building a Better Homestead					
Street Address 18851 NE 29 Avenue, Suite 303	Telephone 305-929-8500				
City Aventura	State Elorida	Zip Code 33180			
N					
Signature of Chairperson					
Juan-Carlos Planas K23/5					
Printed Name of Chairperson		Date			

Form DS-DE 41 (revised 6/11)

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE (PLEASE TYPE)		RECEIVEDONLY 2015 APR 24 AM 10: 17 MIAMI-DADE ELECTIONS			
1. Full Name of Committee Building a Better Homeste	ad		Telephone 305-929-8500		
21	Mailing Address (include city, state and zip code) 18851 NE 29 Avenue, Suite 303, Aventura, FL 33180				
Street Address (include city, s 18851 NE 29 Avenue, Sui	state and zip code) te 303, Aventura, FL 33180				
2. Affiliated or Connected On committees)	ganizations (includes other committ	ees of continuous ex	istence and political		
Name of Affiliated or Connected Organization	Mailing Addre	SS	Relationship		
N/A	N/A		N/A		
3. Area, Scope and Jurisdicti Candidate and Issue PC in City	of Homestead, Florida and Miami-Dad	de County			
4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.) Preserving Quality of Life in the City of Homestead					
5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)					
Full Name Jose A. Riesco	Mailing Address 2600 South Douglas Road Suite 900 Coral Gables, FL 33134	Treasure	mittee Title or Position		

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.		Mailing Address 3851 NE 29 Avenue, Suite 303 ventura, Fl 33181		Committee Title or Position Chairman and Registered Agent	
	, Office Sought and Party Affili ng (if none, please indicate)	ation Each Candida	te or Othe	er Indivi	dual that this
Full Name	Mailing Address	Office Sought			Party
Patricia D. 424 SE 37th Place, Fairclough Homestead, FL 33033		Homestead C Seat 6	Homestead City Council, Seat 6		n/a
8. List Any Issues this Co	ommittee is Supporting: to be o	letermined			in an
List Any Issues this Co	mmittee is Onnosina.	determined			
9. If this Committee is Su	pporting the Entire Ticket of a	Party, Give Name of	f Party		
n/a			the standards		
1222 State 542 State 5	ution, What Disposition will be (C)(3) charitable or		unds?		
11. List all Banks, Safety	Deposit Boxes, or Other Depos	sitories Used for Co	mmittee I	Funds	
Name of Bank or Dep	ository & Account Number		Mailing A	Address	
Bank of America	2600 South Douglas Road, 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 o	f Official	M	ailing Address
SS4 Form 8871 Form 1120 POL Form 990	Upon Formation Upon Formation March 15, Annually May 15, Annually	Internal Revenu Service	e	Ogden	n, UT 84201
STATE OF Florida	Miami-Dade COUNTY				
I, Juan-Carlos Pl	certify that the information in this Statement of				
X LI :01 WU 72 848 5102 23/15			15-		
Signature of DS-DE 5 (Rev. 06/11) – Rule	Chairman of Political Committee	EINED	078	Da	page 2