

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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MIAMI-DADE
ELECTIONS

1. Full Name of Committee

WEST END CITIZENS INITIATIVE TO INCORPORATE (WE CITI)

Telephone

305-445-0777

Mailing Address (include city, state and zip code)

2600 SOUTH DOUGLAS ROAD, SUITE 900, CORAL GABLES, FL 33134

Street Address (include city, state and zip code)

2600 SOUTH DOUGLAS ROAD, SUITE 900, CORAL GABLES, FL 33134

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

3. Area, Scope and Jurisdiction of the Committee

SUPPORTING ISSUES IN MIAMI-DADE COUNTY

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

INCORPORATION OF MUNICIPALITIES IN WESTERN MIAMI-DADE COUNTY

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, CPA

2600 SOUTH DOUGLAS ROAD,
SUITE 900
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
JEANNINE MIRANDA	2600 SOUTH DOUGLAS ROAD, #900, CORAL GABLES, FL 33134	DEPUTY TREASURER
PABLO AGUILAR	2600 SOUTH DOUGLAS ROAD, #900, CORAL GABLES, FL 33134	CHAIRMAN
JUAN-CARLOS PLANAS, ESQ	600 BRICKELL AVENUE #1715 MIAMI, FL 33131	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
TO BE DETERMINED			

8. List Any Issues this Committee is Supporting: INCORPORATION
 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?
 ANY ACTIVITIES ALLOWED UNDER FLORIDA LAW FOR DISPOSAL OF RESIDUAL FUNDS

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds	
Name of Bank or Depository & Account Number	Mailing Address
SUNTRUST ACCT # TBD	201 ALHAMBRA CIRCLE 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
FORM 8871 FORM 1120 POL FORM 990	UPON FORMATION MARCH 15, ANNUALLY MAY 15, ANNUALLY	INTERNAL REVENUE SERVICE	OGDEN, UTAH 84201

STATE OF FLORIDA MIAMI-DADE COUNTY

I, PABLO AGUILAR, certify that the information in this Statement of Organization is complete, true and correct.

X  _____
 Signature of Chairman of Political Committee

_____ 7-11-17 _____
 Date

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 ELECTIONS

**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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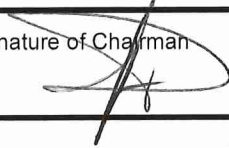
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MIAMI-DADE
ELECTIONS

CHECK APPROPRIATE BOX:

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Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization WEST END CITIZENS INITIATIVE TO INCORPORATE (WE CITI)		2. Telephone (305) 445-0777	
3. Name of Treasurer or Deputy Treasurer JOSE A. RIESCO, CPA		4. Email (optional) jose@riescoandcompany.com	
5. Telephone (optional) (305) 445-0777			
6. Mailing Address 2600 SOUTH DOUGLAS ROAD, SUITE 900, CORAL GABLES, FL 33134			
7. Street Address 2600 SOUTH DOUGLAS ROAD, SUITE 900, 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 SUNTRUST		10. Street Address 201 ALHAMBRA CIRCLE	
11. City CORAL GABLES		12. State FL	13. Zip Code 33134
14. Signature of Chairman  X		15. Name of Chairman (Print or Type) PABLO AGUILAR	

Campaign Treasurer's Acceptance of Appointment

I, JOSE A. RIESCO, CPA, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for WEST END CITIZENS INITIATIVE TO INCORPORATE (WE CITI)
(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.

6/21/2017
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

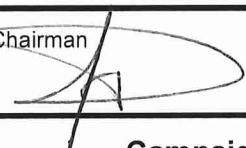
**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
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POLITICAL COMMITTEES**
(Sections 106.011(1) and 106.021(1), F.S.)

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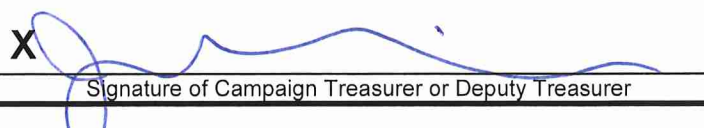
1. Committee or Organization WEST END CITIZENS INITIATIVE TO INCORPORATE (WE CITI)		2. Telephone (305) 445-0777	
3. Name of Treasurer or Deputy Treasurer JEANNINE MIRANDA		4. Email (optional) jen@riescoandcompany.com	
5. Telephone (optional) (305) 445-0777			
6. Mailing Address 2600 SOUTH DOUGLAS ROAD, SUITE 900, CORAL GABLES, FL 33134			
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9. Name of Bank SUNTRUST		10. Street Address 201 ALHAMBRA CIRCLE	
11. City CORAL GABLES		12. State FL	13. Zip Code 33134
14. Signature of Chairman  X		15. Name of Chairman (Print or Type) PABLO AGUILAR	

Campaign Treasurer's Acceptance of Appointment

I, JEANNINE MIRANDA, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for WEST END CITIZENS INITIATIVE TO INCORPORATE (WE CITI)
(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.**

6/21/17
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

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

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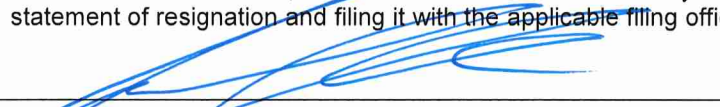
MIAMI-DADE
ELECTIONS

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

Registered Agent and Office Information

Name JUAN-CARLOS PLANAS, ESQ		Telephone 305-531-2424
Street Address 600 BRICKELL AVENUE, SUITE 1715		
City MIAMI	State FL	Zip Code 33131
Mailing Address 2600 S. DOUGLAS ROAD, SUITE 900		
City CORAL GABLES	State FL	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 6/22/17

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 WEST END CITIZENS INITIATIVE TO INCORPORATE (WE CITI)		
Street Address 2600 S. DOUGLAS ROAD, SUITE 900		Telephone 305-445-0777
City CORAL GABLES	State FL	Zip Code 33134



Signature of Chairperson

PABLO AGUILAR

Printed Name of Chairperson Date 7-11-17