

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI-DADE  
ELECTIONS

<b>1. Full Name of Committee</b> CORAL GABLES FIRST	Telephone 305-445-0777
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Mailing Address (include city, state and zip code)  
 2600 S DOUGLAS ROAD, SUITE 900  
 CORAL GABLES, FL 33134

Street Address (include city, state and zip code)  
 2600 S 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**  
 MIAMI-DADE COUNTY - TO SUPPORT OR OPPOSE CANDIDATES FOR \_\_\_\_\_, COUNTY \_\_\_\_\_, OFFICE AND OTHER ACTIVITIES ALLOWED UNDER FLORIDA ELECTION LAW.

**4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)**  
 LEGAL - REFORM OF LOCAL GOVERNMENT

**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 S 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
ALINA BROUWER	2600 S DOUGLAS ROAD, SUITE 900 CORAL GABLES, FL 33134	CHAIRPERSON
JOSE A. RIESCO	2600 S DOUGLAS ROAD, SUITE 900 CORAL GABLES, FL 33134	TREASURER
JEANNINE MIRANDA	2600 S DOUGLAS ROAD, SUITE 900 CORAL GABLES, FL 33134	DEPUTY TREASURER

**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:** 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?**

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
PROFESSIONAL BANK	396 ALHAMBRA CIRCLE, SUITE 255 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, UT 84201

STATE OF FLORIDA

MIAMI-DADE COUNTY

I, ALINA BROUWER, certify that the information in this Statement of

Organization is complete, true and correct.

**X**

  
Signature of Chairman of Political Committee

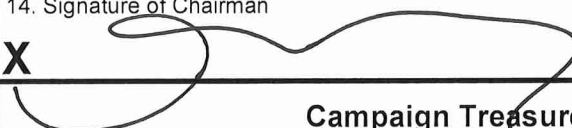
2/13/19  
Date

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR  
POLITICAL COMMITTEES**  
(Sections 106.011(2) and 106.021(1), F.S.)

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

Initial Filing of Form    Re-filing to Change:     Primary Treasurer     Deputy Treasurer     Primary/Secondary Depository

1. Committee or Organization <b>CORAL GABLES FIRST</b>		2. Telephone ( 305 ) 445-0777	
3. Name of Treasurer or Deputy Treasurer <b>JOSE A. RIESCO, CPA</b>		4. Email (optional) jose@riescoandcompany.com	
5. Telephone (optional) ( 305 ) 445-0777			
6. Mailing Address 2600 S DOUGLAS ROAD, SUITE 900			
7. Street Address 2600 S DOUGLAS ROAD, SUITE 900			
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank <b>PROFESSIONAL BANK</b>		10. Street Address 396 ALHAMBRA CIRCLE, SUITE 255	
11. City CORAL GABLES		12. State FL	13. Zip Code 33134
14. Signature of Chairman 		15. Name of Chairman (Print or Type) <b>Aina Browner</b>	

**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 CORAL GABLES FIRST  
(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.

2/13/2019

Date

**X**

Signature of Campaign Treasurer or Deputy Treasurer



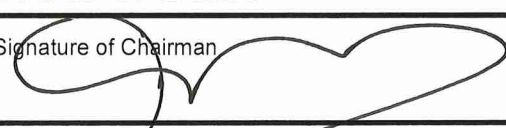
**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR  
POLITICAL COMMITTEES**  
(Sections 106.011(2) and 106.021(1), F.S.)

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CHECK APPROPRIATE BOX:

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Initial Filing of Form    Re-filing to Change:  Primary Treasurer     Deputy Treasurer     Primary/Secondary Depository

1. Committee or Organization <b>CORAL GABLES FIRST</b>		2. Telephone ( 305 ) 445-0777	
3. Name of Treasurer or Deputy Treasurer <b>JEANNINE R. MIRANDA</b>		4. Email (optional) jen@riescoandcompany.com	
5. Telephone (optional) ( 305 ) 445-0777			
6. Mailing Address 2600 S DOUGLAS ROAD, SUITE 900			
7. Street Address 2600 S DOUGLAS ROAD, SUITE 900			
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank <b>PROFESSIONAL BANK</b>		10. Street Address 396 ALHAMBRA CIRCLE, SUITE 255	
11. City CORAL GABLES		12. State FL	13. Zip Code 33134
14. Signature of Chairman 		15. Name of Chairman (Print or Type) <b>ALINA BROWER</b>	

**Campaign Treasurer's Acceptance of Appointment**

I, JEANNINE R. MIRANDA, do hereby accept the appointment as  
(Please Print or Type)  
treasurer or deputy treasurer for CORAL GABLES FIRST  
(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.

2/13/19  
Date

  
Signature of Campaign Treasurer or Deputy Treasurer

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

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ELECTRICAL

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

**Registered Agent and Office Information**

Name JOSE A. RIESCO, CPA		Telephone 305-445-0777
Street Address 2600 S DOUGLAS ROAD, SUITE 900		
City CORAL GABLES	State FL	Zip Code 33134
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 2/13/2019

**Former Registered Agent and Office Information (for changes only)**

Name GLORIA MAGGIOLO		Telephone 305-442-2200
Street Address 2121 PONCE DE LEON BLVD, 11th FLOOR		
City CORAL GABLES	State FL	Zip Code 33134

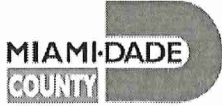
**Committee or Organization Information**

Name of Committee or Organization CORAL GABLES FIRST		
Street Address 2600 S DOUGLAS ROAD, SUITE 900		Telephone 305-445-0777
City CORAL GABLES	State FL	Zip Code 33134

\_\_\_\_\_  
Signature of Chairperson

ALINA BROUWER  
Printed Name of Chairperson

\_\_\_\_\_  
Date 2/13/19



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

Candidate/Chairperson:

ALINA

BROUWER

First Name

Middle Name

Last Name

CORAL GABLES FIRST

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 (http://www.miamidade.gov/elections/candidate.asp) 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 (http://www.miamidade.gov/elections/pacs.asp) 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.

Acknowledged by:

Candidate / Chairperson Signature

Date:

2/13/19

Primary Telephone Number:

786-803-0852

Alternate Telephone Number:

305-445-0777

E-mail address:

alinabrouwer@protonmail.com



**Campaign Treasurer's Report  
Miami-Dade County Electronic Filing Requirement**



Candidate (office sought): \_\_\_\_\_  
Candidate's Florida Voter Registration Number: \_\_\_\_\_

Political Committee: CORAL GABLES FIRST

Party Executive Committee: \_\_\_\_\_

Other: \_\_\_\_\_

I, \_\_\_\_\_ ALINA BROUWER \_\_\_\_\_

*(Please print name of Candidate or Chairperson)*

understand that Campaign Treasurer's Reports must 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 Vote by Mail Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engaged in vote by mail ballot activities, if applicable.

Additionally, I understand that, in accordance with Sections 12-14.2 and 12-14.2.1 of the Code of Miami-Dade County, Florida, Miami-Dade County Elected Officers and 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 Reporting of Solicitation of Contributions for Political Committees, Electioneering Communications Organizations, 501(c)(4) Organizations and Political Parties (MD-ED 28) to publicly disclose when they commence solicitation activities for Political Committees, Electioneering Communications Organizations, Political Parties, and/or 501(c)4 organizations, if applicable.

Lastly, I understand that Section 2.69(e) of the Code of Miami-Dade County requires that candidates for Property Appraiser also fill out the Miami-Dade county Contributing Entity (MD-ED 19) form for every reporting period if contributions are received from a corporation incorporated under the laws of the State of Florida or any other state or any foreign country of any partnership or any other legal entity other than a natural person, if applicable.

 \_\_\_\_\_  
Signature of Candidate or Chairperson

2/13/19  
\_\_\_\_\_  
Date

Day Time Telephone Number: 786-803-0852

Alternate Contact Number: 305-445-0777

Email Address: alina.brouwer@protonmail.com

*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.*