

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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2018 MAY -3 AM 11:00

MIAMI-DADE
ELECTIONS

1. Full Name of Committee

GOVERNMENT WITH TRANSPARENCY

Telephone

305-794-0793

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

PC to support or oppose ballot issues and/or Candidates in Miami-Dade County.

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

POLITICAL, 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 SOUTH DOUGLAS ROAD, SUITE 900 CORAL GABLES, FL 33134	TREASURER AND CUSTODIAN OF BOOKS
JEANNINE R MIRANDA	2600 SOUTH DOUGLAS ROAD, SUITE 900 CORAL GABLES, FL 33134	DEPUTY TREASURER

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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
ROBERTO SANCHEZ	2600 SOUTH DOUGLAS ROAD, SUITE 900 CORAL GABLES, FL 33134	CHAIRPERSON MIAMI-DADE ELECTIONS

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?
CONTRIBUTE TO PCs, ECOs, 501(c)(3)s, AND OTHER ACTIVITIES ALLOWED BY LAW.

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

Name of Bank or Depository & Account Number	Mailing Address
REGIONS BANK	3516 MAIN HIGHWAY MIAMI, FL 33133

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 SS4 FORM 8871 FORM 1120POL FORM 990	UPON FORMATION UPON FORMATION ANNUALLY, MARCH 15 ANNUALLY, MAY 15	INTERNAL REVENUE SERVICE INTERNAL REVENUE SERVICE INTERNAL REVENUE SERVICE INTERNAL REVENUE SERVICE	OGDEN, UT 84201 OGDEN, UT 84201 OGDEN, UT 84201 OGDEN, UT 84201

STATE OF FLORIDA MIAMI-DADE COUNTY

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

X  Signature of Chairman of Political Committee

5-1-18 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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MIAMI-DADE
ELECTIONS

CHECK APPROPRIATE BOX:

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Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization GOVERNMENT WITH TRANSPARENCY	2. Telephone (305) 794-0793
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 Primary Depository Secondary Depository

9. Name of Bank REGIONS BANK	10. Street Address 3516 Main Highway
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11. City MIAMI	12. State FL	13. Zip Code 33133
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14. Signature of Chairman 	15. Name of Chairman (Print or Type) Robert Sanchez
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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 GOVERNMENT WITH TRANSPARENCY
(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.

5/1/18 X 
Date Signature of Campaign Treasurer or Deputy Treasurer

**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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MIAMI-DADE
ELECTIONS

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization GOVERNMENT WITH TRANSPARENCY		2. Telephone (305) 794-0793	
3. Name of Treasurer or Deputy Treasurer JEANNINE R. 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			
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 REGIONS BANK		10. Street Address 3516 Main Highway	
11. City MIAMI		12. State FL	13. Zip Code 33133
14. Signature of Chairman 		15. Name of Chairman (Print or Type) Robert Sacher	

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 GOVERNMENT WITH TRANSPARENCY
(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.

5-1-2018

Date

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
JOSE A. RIESCO, CPA

Telephone
305-445-0777

Street Address
2600 SOUTH DOUGLAS ROAD, SUITE 900

City
CORAL GABLES

State
FL

Zip Code
33134

Mailing Address
2600 SOUTH 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

5/1/18
Date

Former Registered Agent and Office Information (for changes only)

Name

N/A

Telephone

Street Address

City

State

Zip Code

Committee or Organization Information

Name of Committee or Organization
GOVERNMENT WITH TRANSPARENCY


Street Address
2600 SOUTH DOUGLAS ROAD, SUITE 900

Telephone
305-794-0703

City
CORAL GABLES

State
FL

Zip Code
33134


Signature of Chairperson

ROBERTO SANCHEZ

Printed Name of Chairperson

5-1-18
Date



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

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MIAMI-DADE ELECTIONS

Candidate/Chairperson:

ROBERTO

SANCHEZ

First Name

Middle Name

Last Name

GOVERNMENT WITH TRANSPARENCY

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: [Signature] Candidate / Chairperson Signature

Date: 5-1-18

Primary Telephone Number: 305-794-0703

Alternate Telephone Number: 305-445-0777

E-mail address: bobby@caimanstrategies.com

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



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Candidate (office sought): _____

Candidate's Florida Voter Registration Number: _____

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Political Committee: GOVERNMENT WITH TRANSPARENCY

Party Executive Committee: _____

MIAMI-DADE
ELECTIONS

Other: _____

I, _____ ROBERTO SANCHEZ _____

(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

5-1-18

Date

Day Time Telephone Number: 305-794-0703

Alternate Contact Number: 305-445-0777

Email Address: bobby@caimanstrategies.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.