STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI-DADE COUNTY FLECTIONS DEPARTMENT

1. Full Name of Committee PUTTING PEOPLE FIRST PC		Telephone 305-529-5440		
Mailing Address (include city, state and zip code) 2600 DOUGLAS ROAD, SUITE 800, CORAL GABLES, FL 33134				
Street Address (include city, state and zip code) 2600 DOUGLAS ROAD, SUITE 800, CORAL GABLES, FL 33134				
Affiliated or Connected Org committees)	ganizations (includes other committees of con	tinuous ex	istence and political	
Name of Affiliated or Connected Organization	Mailing Address	Mailing Address		
NONE				
3. Area, Scope and Jurisdiction of the Committee MIAMI-DADE COUNTY				
	Organization's Special Interest (e.g., medical, l ENTAL POLICY EDUCATION	egal, educ	ation, etc.)	
5. Identify by Name, Address	and Position, the Custodian of Books and Acc			
Full Name	Mailing Address	Committee Title or Position		
CARLOS M. TRUEBA	2600 DOUGLAS ROAD, SUITE 800 CORAL GABLES, FL 33134	TR	EASURER	

6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the						
Finance Committee, If A	ny (include chairman's name)					
Full Name	Mailing Addre	ess	Committee Title or Position		n	
JOHN EGUSQUIZA	9960 SW 40th Street Miami, FL 33165	9960 SW 40th Street		CHAIRMAN		
7. List by Name, Address, Committee is Supportin	Office Sought and Party Affilia g (if none, please indicate)	ation Each Candida	te or Oth	er Indivi	dual that this	•
Full Name	Mailing Address	Office	Sought		Party	
NONE						
8. List Any Issues this Co	mmittee is Supporting: NONE			(4	21	
List Any Issues this Committee is Opposing:				NIIAN ECTIO	A	
9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party N/A					n m	
	ition, W hat Disposition will be LL BE GIVEN TO CHARIT			501(C)	ARTHE A	71 2
11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds						
Name of Bank or Depository & Account Number		Mailing Address				
Bank United		2159 Coral Way Miami, FL 33145				
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	of Official	N	/lailing Addres	ss
FORM 1120POL	ANNUALY	INTERNAL REV	/UE	OGDE	EN, UT 8420	01
STATE OF FLORIDA		MIAMI-DADE COUNTY				
I, JOHN EGUSQUIZA , certify that the information in this Statement of						
Organization is complete, true and correct.						
X Alux	Chairman of Political Committee			0 01 Da	IQ ate	

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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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:			OFFICE USE ONLY	
Initial Filing of Form Re-filing to Change: Primary Treas	surer De	eputy Treasurer	Primary/Secondary Depository	
1. Committee or Organization		2. Telephone		
PUTTING PEOPLE FIRST PC		(305) 529-5	5440	
Name of Treasurer or Deputy Treasurer		5. Telephone (o	5. Telephone (optional)	
Carlos M. Trueba cpazos@gemrtcpa.com		om (305) 529-5	(305) 529-5440	
6. Mailing Address				
2600 Douglas Road, Suite 800, Coral Gab	les, FL 3	3134		
7. Street Address				
2600 Douglas Road, Suite 800, Coral Gab	les, FL 3	3134		
8. The following bank has been designated as the Prin	nary Deposito	ory Secondar	ry Depository	
9. Name of Bank	10. Street Add	dress		
Bank United	2159 Coral Way			
11. City	12	2. State	13. Zip Code	
Miami		Florida	33145	
14. Signature of Chairman	15. Name of 0	Chairman (Print or Type	e)	
X Allh January. Jo		John Egusquiza		
Campaign Treasurer's Acceptance of Appointment				
Carlos M. Trueba				
(Please Print or Type)				
treasurer or deputy treasurer for Putting People First PC (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.				
2/1/2019 X	(R	L Sur		
Date	Signature of C	Campaign Treasurer or I	Deputy Treasurer	

REGISTERED AGENT STATEMENT OF APPOINTMENT

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(Section 106.022, F.S.)		IGFED - I III I'O'		
		MIAMI-DADE COUNTY ECTIONS DEPARTMENT		
	EL EL	ECTIONS DEPARTMENT		
Original Appointment Change of Appoin	tment	5		
Change of Mailing Address Change of Physica	al Address			
Registered Ag	ent and Office Informati	on		
Name JOHN EGUSQUIZA, ESQ		Telephone 305-223-8744		
Street Address 9960 SW 40th Street				
City Miami	State FLORIDA	Zip Code 33165		
Mailing Address 9960 SW 40th Street				
City Miami	State FLORIDA	Zip Code 33165		
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 (f	or changes only)		
Name N/A		Telephone		
Street Address				
City	State	Zip Code		
Committee or	Organization Information	on		
Name of Committee or Organization				
PUTTING PEOPLE FIF	RST PC			
Street Address 2600 DOUGLASS RD, SUITE 800		Telephone 305-529-5440		
City CORAL GABLES	State FLORIDA	Zip Code 33134		
Signature of Chairperson	1 1 - 6			
JOHN EGUSQUIZA, ESQ	a	101/19		
Printed Name of Chairperson				

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Access to Handbook and the Election Laws of the State of Florida 2019 FEB - 1 PM 1:31

		ELECTIONS DEPARTMENT
Candidate/Chairperson:		
JOHN		EGUSQUIZA
First Name	Middle Name	Last Name
	PUTTING PEOPLE FIRST PC	
	Office Sought / Organization	
I acknowledge that it is requirements described in County Elections Departme	my responsibility to read, n the following resources a nt Website:	understand and follow the vailable on the Miami-Dad
Contains information on Florida, County Laws an	andbook (<u>http://www.miamidade.g</u> State Laws and Handbooks, the landbooks, Qualifying Informa ant Candidate Information, and Re	Election Laws of the State of tion, Electronic Reporting Dates
Contains information on Florida, County Laws an	ndbook (<u>http://www.miamidade.go</u> State Laws and Handbooks, the ad Handbooks, Electronic Reportin formation, and Recent Legislative	Election Laws of the State of ng Dates and Procedures,
Acknowledged by: Date: 2 01 19	Candidate / Chairperson S	Signature
Primary Telephone Numb	er: 305-529-5440	
Alternate Telephone Num	ber: 305-223-8744	
E-mail address:	S@GEMRTCPA.COM	

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



Candidate (office sought):	
Candidate's Florida Voter Registration Number:	- /
Political Committee: PUTTING PEOPLE FIRST PC	
Political Committee: POTTING PEOPLE FIRST PC Party Executive Committee:	
Other:	entr
J,	1
(Please print name of Candidate or Chairperson)	
understand that Campaign Treasurer's Reports <u>must</u> be filed electronically via the Supervisor Elections website by midnight of the day designated in order to comply with Miami-Dade Cour requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miami-Dade Cour regarding the filing of the campaign finance reports with the Supervisor of Elections were recer amended in that original signed hardcopies are no longer required.	nty nty
I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade Court Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Prope Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Vote by M Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engaged in vote mail ballot activities, if applicable.	erty 1ail
Additionally, I understand that, in accordance with Sections 12-14.2 and 12-14.2.1 of the Code Miami-Dade County, Florida, Miami-Dade County Elected Officers and Candidates running for Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit County and Community Council must now file the Reporting of Solicitation of Contributions for Politi Committees, Electioneering Communications Organizations, 501(c)(4) Organizations and Politi Parties (MD-ED 28) to publicly disclose when they commence solicitation activities for Politi Committees, Electioneering Communications Organizations, Political Parties, and/or 501(c) organizations, if applicable.	the rts, ca ca ica
Lastly, I understand that Section 2.69(e) of the Code of Miami-Dade County requires that candidate for Property Appraiser also fill out the Miami-Dade county Contributing Entity (MD-ED 19) form every reporting period if contributions are received from a corporation incorporated under the laws the State of Florida or any other state or any foreign country of any partnership or any other leads to the contribution of Candidate of Chairperson. Signature of Candidate or Chairperson Date	foi
Day Time Telephone Number: 305-529-5440	
Alternate Contact Number: 305-223-8744	
Email Address: cpazos@gemrtcpa.com	
Littuii / Mati 666.	

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.