

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI-DADE
ELECTIONS

1. Full Name of Committee

Bold Vision PC

Telephone

(305) 823-2300

Mailing Address (include city, state and zip code)

15500 New Barn Road, Suite 104
Miami Lakes, FL 33014

Street Address (include city, state and zip code)

15500 New Barn Road, Suite 104
Miami Lakes, FL 33014

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

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

Political committee supporting a Bold Vision for the future of 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
Carlos de La Osa	267 Minorca Avenue, Suite 200 Coral Gables, Florida 33134	Treasurer
Claudia Papini	267 Minorca Avenue, Suite 200 Coral Gables, Florida 33134	Deputy 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
Alex Penelas	15500 New Barn Road, Suite 104 Miami Lakes, FL 33024	Chairman
Juan-Carlos Planas, Esq.	600 Brickell Avenue, Suite 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
n/a			

8. List Any Issues this Committee is Supporting: n/a

List Any Issues this Committee is Opposing: n/a

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?

Donation to 501 (c) (3) organization

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

Name of Bank or Depository & Account Number	Mailing Address
City National Bank of Florida	2855 S. Le Jeune Road #100 Coral Gables, Florida 33134

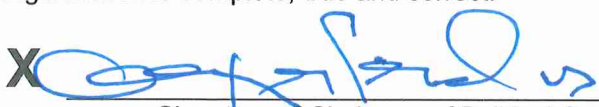
12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
SS4 Form 8871 Form 1120 POL Form 990	Upon Formation Upon Formation March 15, Annually May 15, Annually	Internal Revenue Service Internal Revenue Service Internal Revenue Service Internal Revenue Service	Ogden, UT 84201 Ogden, UT 84201 Ogden, UT 84201 Ogden, UT 84201

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STATE OF Florida Miami-Dade COUNTY

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

X 

Signature of Chairman of Political Committee

March 20, 2019

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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CHECK APPROPRIATE BOX:

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Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization Bold Vision PC	2. Telephone (305) 823-2300
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3. Name of Treasurer or Deputy Treasurer Carlos De La Osa	4. Email (optional) carlos_sr@delaosacpa.com	5. Telephone (optional) (305) 273-1040
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6. Mailing Address
267 Minorca Ave., # 200, Coral Gables, Florida 33134

7. Street Address
267 Minorca Ave., # 200, Coral Gables, Florida 33134

8. The following bank has been designated as the **Primary Depository** **Secondary Depository**

9. Name of Bank City National Bank of Florida	10. Street Address 2855 S. Le Jeune Rd., #100
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11. City Coral Gables	12. State Florida	13. Zip Code 33134
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14. Signature of Chairman 	15. Name of Chairman (Print or Type) Alex Penelas
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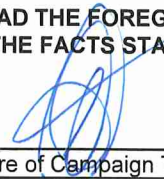
Campaign Treasurer's Acceptance of Appointment

I, **Carlos De La Osa**, do hereby accept the appointment as
(Please Print or Type)

treasurer or deputy treasurer for **Bold Vision 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.**

03/20/19
Date

X 
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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Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer


1. Committee or Organization Bold Vision PC		2. Telephone (305) 823-2300	
3. Name of Treasurer or Deputy Treasurer Claudia Papini		4. Email (optional)	
		5. Telephone (optional) (305) 273-1040	
6. Mailing Address 267 Minorca Ave., # 200, Coral Gables, Florida 33134			
7. Street Address 267 Minorca Ave., # 200, Coral Gables, Florida 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 City National Bank of Florida		10. Street Address 2855 S. Le Jeune Rd., #100	
11. City Coral Gables		12. State Florida	13. Zip Code 33134
14. Signature of Chairman 		15. Name of Chairman (Print or Type) Alex Penelas	

Campaign Treasurer's Acceptance of Appointment

I, **Claudia Papini**, do hereby accept the appointment as
(Please Print or Type)
 treasurer or deputy treasurer for **Bold Vision 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.**

03/20/19.
Date


Signature of Campaign Treasurer or Deputy Treasurer

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

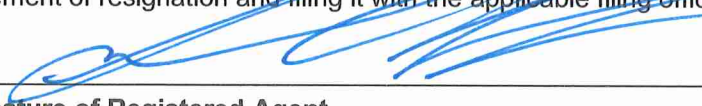
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- Original Appointment Change of Appointment
 Change of Mailing Address Change of Physical Address

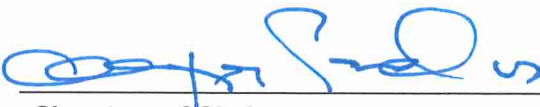
Registered Agent and Office Information

Name Juan-Carlos Planas, Esq.		Telephone 305-929-8500
Street Address 600 Brickell Avenue, Suite 1715		
City Miami	State Florida	Zip Code 33131
Mailing Address 600 Brickell Avenue, Suite 1715		
City Miami	State Florida	Zip Code 33131
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		<u>3/20/19</u> Date

Former Registered Agent and Office Information (for changes only)

Name <u>N/A</u>	Telephone	
Street Address		
City	State	Zip Code

Committee or Organization Information

Name of Committee or Organization Bold Vision PC		Telephone (305) 823-2300
Street Address 15500 New Barn Road, Suite 104		
City Miami Lakes	State Florida	Zip Code 33014
 Signature of Chairperson		
<u>Alex Penelas</u> Printed Name of Chairperson		<u>March 20, 2019</u> Date



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

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Candidate/Chairperson:

MIAMI-DADE ELECTIONS

Alex

Penelas

First Name

Middle Name

Last Name

Bold Vision PC

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)
Political Committee Handbook (http://www.miamidade.gov/elections/pacs.asp)

Acknowledged by: [Signature] Candidate / Chairperson Signature

Date: 4/2/19

Primary Telephone Number: 305-823-2300

Alternate Telephone Number: 305-273-1040

E-mail address: apenelas@apandcompany.com

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



Candidate (office sought): _____

Candidate's Florida Voter Registration Number: _____

Political Committee: Bold Vision PC

Party Executive Committee: _____

Other: _____

I, Alex Penelas

(Please print name of Candidate or Chairperson)


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I 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

4-2-19

Date

Day Time Telephone Number: 305-823-2300

Alternate Contact Number: 305-273-1040

Email Address: carlos_sr@delaosacpa.com - Treasurer

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.