## STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

1.	Full	Name	of Com	mittee
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Telephone

A Better Hialeah

305-445-0777

Mailing Address (include city, state and zip code)

2600 S. Douglas Road, Suite 900, Coral Gables, Florida 33134

Street Address (include city, state and zip code)

2600 S. Douglas Road, Suite 900, Coral Gables, Florida 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---candidate and ballot issues for county-wide and municipal elections

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

Good 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, Florida 33134	Treasurer
Jeannine R. Miranda	2600 S. Douglas Road, Suite 900 Coral Gables, Florida 33134	Deputy Treasurer

		and the second second second second second		
<ol> <li>List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)</li> </ol>				
Full Name	Mailing Address		Committee Title or Position	
Alex Martinez	2600 S. Douglas Road, Suite 900 Coral Gables, Florida 33134		Chairperson	
7. List by Name, Address, Committee is Supporting	Office Sought and Party Affilia g (if none, please indicate)	ation Each Candida	te or Oth	er Individual that this
Full Name	Mailing Address	Office	Sought	Party
To be determined				202 EL
8. List Any Issues this Con	nmittee is Supporting: To be	determined		SE E M
List Any Issues this Con	nmittee is Onnosina:	determined		AR-4
9. If this Committee is Sup N/A	porting the Entire Ticket of a l	Party, Give Name of	f Party	AM 9:
	tion, What Disposition will be der Florida law for residual funds, i			ns to charitable organizations
11. List all Banks, Safety D	eposit Boxes, or Other Depos	sitories Used for Co	mmittee	Funds
Name of Bank or Depo	sitory & Account Number		Mailing	Address
City National Bank		8311 S.W. 40th Street Miami, Florida 33155		
12. List all Reports Require and Positions of Such	ed to be Filed by this Committ Officials, If Any	tee with Federal Off	icials and	the Names, Addresses
Report Title	Dates Required to be Filed	Name & Position of	f Official	Mailing Address
Form 8871 Form 1120 POL Form 990	Upon formation Annually Annually	Internal Revenue Service	Э	Ogden, UT 84201
<sub>STATE OF</sub> Florida		Miami-	-Dade	COUNTY
Alex Martinez		, certify that the ir	nformatior	n in this Statement of
Organization is complete, tru  Signature of C	e and correct.		3	2 - 3 - 2 (

#### 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:	1			
Initial Filing for:  Primary Treasurer  Deputy Treasurer				
			OFFICE USE ONLY	
Re-filing to Change: Primary Treasurer Deputy Treasurer	Primary/Seconda	ry Depository		
1. Committee		2. Telephone		
A Better Hialeah		(305 ) 445-0	0777	
C Name of Transport Transport Transport			4 (Fe	
3. Name of Treasurer or Deputy Treasurer 4. Email (optional)	5. Telephone (optional)			
Jose A. Riesco, CPA jose@riescoan	dcompany.com	(305 ) 445-0	0777	
6. Mailing Address				
2600 S. Douglas Road, Suite 900, Coral Gables	s, Florida 3313	4		
7. Street Address				
2600 S. Douglas Road, Suite 900, Coral Gables	, Florida 33134			
			D aeltem.	
8. The following bank has been designated as the	nary Depository	Seconda	ry Depository	
9. Name of Bank	10. Street Address			
City National Bank	8311 S.W. 40th Street			
11. City	12. Sta	te	13. Zip Code	
Miami	Floi	rida	33155	
14. Signature of Chairman	15. Name of Chair	man (Print or Type	e)	
Y WAY	Alex Martine		-,	
A W   Y   W				
Campaign Treasurer's Acc	ceptance of A	ppointment		
Jose A. Riesco, CPA		do hereb	y accept the appointment as	
(Please Print or Type)			y descept the appointment as	
treasurer or deputy treasurer for A Better Hialeah				
	(Committee	e)		
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.				
7 7 2 2 2 Y				
3-2-2021 X				
Date	Signature of Campa	ugn Treasurer or I	Denuty 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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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

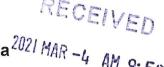
Initial Filing for:	SE ONLY			
Re-filing to Change: Primary Treasurer Deputy Treasurer Primary/Secondary Depository	SE UNLY			
1. Committee 2. Telephone (305 ) 445-0777	w			
3. Name of Treasurer or Deputy Treasurer  4. Email (optional)  5. Telephone (optional)  jen@riescoandcompany.com  (305 ) 445-0777				
6. Mailing Address 2600 S. Douglas Road, Suite 900, Coral Gables, Florida 33134				
7. Street Address 2600 S. Douglas Road, Suite 900, Coral Gables, Florida 33134				
8. The following bank has been designated as the    Primary Depository    Secondary Depository				
9. Name of Bank  City National Bank  10. Street Address  8311 S.W. 40th Street				
11. City Miami Florida 12. State 13. Zip Code 33155				
14. Signature of Chairman (Print or Type)  Alex Martinez				
Campaign Treasurer's Acceptance of Appointment				
Jeannine R. Miranda  (Please Print or Type)  treasurer or deputy treasurer for  A Better Hialeah	ment as			
(Committee)	_			
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.				
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.				

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

(Geodion 100.022, 1.3.)		2021 MAR -4 AM 9: 50		
Original Appointment Change of Appoin	MIAMI-DADE COUNTY ELECTIONS DEPARTMENT			
Change of Mailing Address Change of Physic	id .			
Registered Ag	ent and C	Office Information		
Name Jose A. Riesco, CPA		Telephone 305-445-0777		
Street Address 2600 S. Douglas Road, Suite 900				
City Coral Gables	State Florid	Zip Code da 33134		
Mailing Address 2600 S. Douglas Road, Suite 900				
City Coral Gables	State Florid	Zip Code da 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				
Former Registered Agent and Office Information (for changes only)				
Name		Telephone		
Street Address				
City	State	Zip Code		
Committee or	Organiza	ation Information		
Name of Committee or Organization A Better Hialeah				
Street Address 2600 S. Douglas Road, Suite 900		Telephone 305-445-0777		
City Coral <b>Q</b> ables	State Floric	Zip Code da 33134		
Signature of Chairperson				
Alex Martinez		3-3-21		
Printed Name of Chairperson		Date		



# Access to Handbook and the Election Laws of the State of Florida 2021 MAR -4 AM 9:50



		The state of the s
Candidate/Chairperson:		ELECTIONS DEPARTMENT
Alex Martinez		
First Name	Middle Name	Last Name
A	Better Hialeah	
	Office Sought / Organization	1
l acknowledge that it is m requirements described in t County Elections Department	he following resources	, understand and follow the available on the Miami-Dade
Contains information on St Florida, County Laws and F	ate Laws and Handbooks, th Handbooks, Qualifying Inforn	e.gov/elections/candidate.asp) e Election Laws of the State of nation, Electronic Reporting Dates Recent Legislative Changes.
Florida, County Laws and I		e Election Laws of the State of rting Dates and Procedures,
Acknowledged by:	Candidate / Chairpersor	n Signature
Date:	-3-21	·
Primary Telephone Number:	305-445-0777	
Alternate Telephone Number	305-447-0224	
E-mail address: jose@r	iescoandcompan	y.com

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



Candidate (office sought):	
Candidate's Florida Voter Registration Number:	
Political Committee: A Better Hialeah	
Party Executive Committee:	<b>3</b> m
Other:	- C
I, Alex Martinez	= <
(Please print name of Candidate or Chairperson)  understand that Campaign Treasurer's Reports <u>must</u> be filed electronically via the State Elections website by midnight of the day designated in order to comply with Miami-Parequirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miami-Daregarding the filing of the campaign finance reports with the Supervisor of Elections we amended in that original signed hardcopies are no longer required.	pervisor of de County
I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissione Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Vo Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engaged mail ballot activities, if applicable.	r, Property te by Mail
Additionally, I understand that, in accordance with Sections 12-14.2 and 12-14.2.1 of the Miami-Dade County, Florida, Miami-Dade County Elected Officers and Candidates runn Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circular Community Council must now file the Reporting of Solicitation of Contributions of Committees, Electioneering Communications Organizations, 501(c)(4) Organizations are Parties (MD-ED 28) to publicly disclose when they commence solicitation activities of Committees, Electioneering Communications Organizations, Political Parties, and/organizations, if applicable.	ing for the cuit Courts, or Political nd Political or Political
Lastly, I understand that Section 2.69(e) of the Code of Miami-Dade County requires that for Property Appraiser also fill out the Miami-Dade county Contributing Entity (MD-ED 1 every reporting period if contributions are received from a corporation incorporated under the State of Florida or any other state or any foreign country of any partnership or any entity other than a natural person, if applicable.  Signature of Candidate or Chairperson  Date	9) form for the laws of
Day Time Telephone Number: 305-445-0777	
Day Time releptione Number.	
Alternate Contact Number: 305-447-0224	
Email Address: jose@riescoandcompany.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.