STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

1. Full Name of Committee

OFFICE USE ONLY

RECEIVED

2021 JUN 24 AM II: 18

MIAMI-DADE COUNTY FLECTIONS DEPARTMENT

Telephone

BUENO FOR MIAMI-DAD	E			305-529-5440	
Mailing Address (include city, state and zip code) 2600 S DOUGLAS ROAD, SUITE 800, CORAL GABLES, FL					
Street Address (include city, state and zip code) 2600 S DOUGLAS ROAD, SUITE 800, CORAL GABLES, FL					
2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)					
Name of Affiliated or Connected Organization		Mailing Address		Relationship	
NONE					
3. Area, Scope and Jurisdiction of the Committee PC TO SUPPORT OR OPPOSE COUNTY WIDE AND LOCAL ISSUES					
4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.) CIVIC AND GOVERNMENTAL POLICY EDUCATION					
5. Identify by Name, Address	and	Position, the Custodian of Books and Ac	counts (inc	lude treasurer's name)	
Full Name		Mailing Address	Committee Title or Position		
Jarnette G. Rodriguez		0 S Douglas Rd, Suite 800 ral Gables, FL 33134	Treasure	er	

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 Addr	Mailing Address Committee			e Title or Position		
Martha Bueno Jarnette G Rodriguez	Gables FL 33134	2900 S Douglas Rd Suite 800 Coral			Chairwoman 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	e Sought Party		Party		
NONE				門_	20		
8. List Any Issues this Co	mmittee is Supporting: TO BE	DETERMINED		98	2 2	70	
List Any Issues this Co	mmittee is Onnosina:	DETERMINED		IONS D	JUN 24	M	
9. If this Committee is Su N/A	pporting the Entire Ticket of a l	Party, Give Name o	f Party	PARTM	AH		
	ution, What Disposition will be ILL BE GIVEN TO CHARITA			SANIZATION	00	C}3	
11. List all Banks, Safety	Deposit Boxes, or Other Depos	sitories Used for Co	mmittee	Funds			
Name of Bank or Dep	ame of Bank or Depository & Account Number Mailing Address						
OCEAN BANK	780 NW 42nd AVENUE MIAMI, FL 33126						
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						es	
Report Title	Dates Required to be Filed	Name & Position o	f Official	Mailing Address			
1120pol	MARCH 15 ANNUALY	INTERNAL REV SERVICE	'ENUE	OGDEN UT 84201			
STATE OF FLORID)A	Mic	imi-(Dade	COUN	ITY	
I,MARTHA BUENO , certify that the information in this Statement of							
Organization is complete, true and correct.							
X Mathebulo (J23/202) Signature of Chairman of Political Committee							

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR POLITICAL COMMITTEES**

(Sections 106.011(2) and 106.021(1), F.S.)

DS-DE 6 (Rev. 4/19)

RECEIVED

2021 JUN 24 AM II: 18

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:					
Initial Filing for:					
			OFFICE USE ONLY		
Re-filing to Change: Primary Treasurer Deputy Treasurer	Primary/S	Secondary Depository			
1. Committee	2. Telephone	2. Telephone			
BUENO FOR MIAMI-DADE	(305) 529-	(305) 529-5440			
Name of Treasurer or Deputy Treasurer 4. Email (optional))	5. Telephone (c	5. Telephone (optional)		
JARNETTE RODRIGUEZ cpazos@gertcp		-	(305) 529-5440		
6. Mailing Address					
2600 S DOUGLAS ROAD, SUITE 800, CORAL G	ABLES, F	FL 33134			
7. Street Address					
2600 S DOUGLAS ROAD, SUITE 800, CORAL GA	ABLES, F	L 33134			
8. The following bank has been designated as the Prin	nary Depos	itory 🗌 Seconda	ry Depository		
9. Name of Bank	10. Street A	Address			
OCEAN BANK 780		42nd			
11. City		12. State	13. Zip Code		
MIAMI		FLORIDA	33134		
14. Signature of Chairman 15. N		5. Name of Chairman (Print or Type)			
		MARTHA BUENO			
Campaign Treasurer's Acceptance of Appointment					
JARNETTE G. RODRIGUEZ					
I,, do hereby accept the appointment as (Please Print or Type)					
treasurer or deputy treasurer for BUENO FOR MIAMI-DADE					
(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.					
(0/23/2021 × Muchal)					
Date	Signature of	Campaign Treasurer or I	Deputy Treasurer		

REGISTERED AGENT STATEMENT OF APPOINTMENT

(Section 106.022, F.S.)

PEFICE USE ONLY

2021 JUN 24 AM 11: 18

MIAMI-DADE COUNTY **ELECTIONS DEPARTMENT** ✓ Original Appointment Change of Appointment Change of Mailing Address Change of Physical Address **Registered Agent and Office Information** Name Telephone MARTHA BUENO 305-529-5440 Street Address 2600 S DOUGLAS ROAD, SUITE 800 State Zip Code CORAL GABLES **FLORIDA** 33134 Mailing Address 2600 S DOUGLAS ROAD, SUITE 800 State Zip Code **CORAL GABLES FLORIDA** 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 Organization Information** Name of Committee or Organization BUENO FOR MIAMI-DADE Street Address Telephone 2600 S DOUGLAS ROAD, SUITE 800 State Zip Code **CORAL GABLES FLORIDA** 33134 Signature of Chairperson MARTHA BUENO

Printed Name of Chairperson



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

Candidate/Chairperson:		
MARTHA		BUENO
First Name	Middle Name	Last Name
BUENC	D FOR MIAMI-DADE	
	Office Sought / Organization	
I acknowledge that it is my requirements described in th County Elections Department V	responsibility to read, undene ne following resources availat Website:	erstand and follow the ole on the Miami-Dade
Contains information on Sta Florida, County Laws and H	book v/global/elections/candidate-qualifyinte Laws and Handbooks, the Election landbooks, Qualifying Information, E Candidate Information, and Recent	on Laws of the State of Electronic Reporting Dates
Contains information on Sta Florida, County Laws and H	ook n/global/elections/political-committee nte Laws and Handbooks, the Election landbooks, Electronic Reporting Data nation, and Recent Legislative Chan	on Laws of the State of tes and Procedures,
Acknowledged by:	Martha Bleero	, , , , , , , , , , , , , , , , , , ,
1/23/200	Candidate / Chairperson Signati	EE 302
Date: <u>Ψ/35/303</u>	'	
Primary Telephone Number:	305-529-5440	ADE S DEF
Alternate Telephone Number:	:N/A	ARTHUR COUNTY
F-mail address. CPAZOS(@gemrtcpa.com	

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



Candidate (office sought):		202
Candidate's Florida Voter Registration Number:	AM	
Political Committee: BUENO FOR MIAMI-DADE	NS.	2
Party Executive Committee:	E C	
Other:	RE	
l,	南之	
(Please print name of Candidate or Chairperson)		0
understand that Campaign Treasurer's Reports <u>must</u> be filed electronically via t Elections website by midnight of the day designated in order to comply with Mia requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Mia regarding the filing of the campaign finance reports with the Supervisor of Election amended in that original signed hardcopies are no longer required.	ami-Dad ami-Dad	de County de County
I also understand that, in accordance with Section 12-14.1 of the Code of Mia Florida, candidates running for the Offices of Miami-Dade County Mayor, Commi Appraiser, Clerk of the Circuit Courts, and Community Council must now file t Campaign Report (MD-ED 26) to disclose the names of paid campaign workers en mail ballot activities, if applicable.	ssioner, he Vote	, Property e by Mai
Additionally, I understand that, in accordance with Sections 12-14.2 and 12-14.2. Miami-Dade County, Florida, Miami-Dade County Elected Officers and Candidates Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the and Community Council must now file the Reporting of Solicitation of Contribute Committees, Electioneering Communications Organizations, 501(c)(4) Organization Parties (MD-ED 28) to publicly disclose when they commence solicitation active Committees, Electioneering Communications Organizations, Political Parties, organizations, if applicable.	s runnir he Circu tions fo ons and rities fo	ng for the uit Courts r Politica d Politica r Politica
Lastly, I understand that Section 2.69(e) of the Code of Miami-Dade County require for Property Appraiser also fill out the Miami-Dade county Contributing Entity (MD every reporting period if contributions are received from a corporation incorporated the State of Florida or any other state or any foreign country of any partnership of entity other than a natural person, if applicable.	<u>-ED 19</u> under th) form fo
	3 206	21
Signature of Candidate or Chairperson Da	ıte	
Day Time Telephone Number: 305-529-5440		
Alternate Contact Number:		
Email Address: cpazos@gemrtcpa.com		
Email Address:		

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.