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

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

RECEIVED

2022 APR -5 AM 9: 40

MIAMI DADE COUNTY ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:							
Initial Filing for:			OFFICE USE ONLY				
Per filing to Change:							
Re-filing to Change: Primary Treasurer Deputy Treasurer Primary/Secondary Depository							
1. Committee		2. Telephone					
PROSPERITY FOR DORAL		(305) 445-0777					
3. Name of Treasurer or Deputy Treasurer 4. Email (optional) JOSE A. RIESCO jose@riescoand		5. Telephone (optional) ompany.com (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 Prin	nary Depository	Secondar	y Depository				
9. Name of Bank	10. Street Addres	10. Street Address					
CITY NATIONAL	8311 SW 40 STREET						
11. City	12. 9		13. Zip Code				
MIAMI	FL		33155				
14. Signature of Chairman		15. Name of Chairman (Print or Type) IVETTE GONZALEZ-PETKOVICH					
Campaign Treasurer's Acceptance of Appointment							
JOSE A. RIESCO , do hereby accept the appointment as							
(Please Print or Type)							
treasurer or deputy treasurer for PROSPERITY FOR DORAL (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.							
41422 X							
Date Signature of Campaign Treasurer or Deputy Treasurer							

DS-DE 6 (Rev. 4/19)

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)

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MIAMI DADE COUNTY ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:							
Initial Filing for:			OFFICE USE ONLY				
Re-filing to Change: Primary Treasurer Deputy Treasurer Primary/Secondary Depository							
1. Committee		2. Telephone					
PROSPERITY FOR DORAL		(305) 445-0777					
3. Name of Treasurer or Deputy Treasurer 4. Email (optional) JEANNINE R. MIRANDA jen@riescoando	company.c	5. Telephone (optional) any.com (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 Prin	nary Deposi	tory Secondar	y Depository				
9. Name of Bank	10. Street A	D. Street Address					
CITY NATIONAL	8311 SV	3311 SW 40 STREET					
11. City		12. State	13. Zip Code				
MIAMI		FL	33155				
14. Signature of Chairman		5. Name of Chairman (Print or Type) VETTE GONZALEZ-PETKOVICH					
Campaign Treasurer's Acceptance of Appointment							
JEANNINE R. MIRANDA , do hereby accept the appointment as							
(Please Print or Type) PROSPERITY FOR DORAL							
treasurer or deputy treasurer for PROSPERTY FOR BOTAL (Committee)							
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STA TE D ARE TRUE.							
X Signature of Campaign Treasurer or Deputy Treasurer							
Date	Signature of	of Campaign Treasurer or	Deputy Treasurer				

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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2022 APR -5 AM 9: 41

MIAMI DADE COUNTY ELECTIONS DEPARTMENT

Telephone 1. Full Name of Committee 786-423-5977 PROSPERITY FOR DORAL 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) 10352 NW 46 TERRACE **DORAL, FL 33178** 2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees) Name of Affiliated or Relationship Mailing Address Connected Organization 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) Committee Title or Position Mailing Address Full Name **TREASURER** 2600 SOUTH DOUGLAS ROAD, JOSE A. RIESCO, CPA SUITE 900 CORAL GABLES, FL 33134 **DEPUTY TREASURER** 2600 SOUTH DOUGLAS ROAD, JEANNINE R. SUITE 900 **MIRANDA** CORAL GABLES, FL 33134

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 Addre	ss	Committee Title or Position				
IVETTE GONZALEZ PETKOVICH	10352 NW 46 TERRACE DORAL, FL 33178		CHAIRPERSON AM 9: 41 MIAMI DADE COUNTY ELECTIONS DEPARTMENT				
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 Com	mittee is Supporting: To be o	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? Any disposition allowed under Florida law for residual funds, including specifically contributions to charitable organizations.							
11. List all Banks, Safety De	eposit Boxes, or Other Depos	itories Used for C	ommittee l	Funds			
Name of Bank or Depos	Name of Bank or Depository & Account Number		Mailing Address				
CITY NATIONAL 8311 SW 40		8311 SW 40 ST MIAMI, FL 3315					
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	N	lailing Address		
FORM 8871 FORM 1120POL FORM 990	UPON FORMATION MARCH 15, ANNUALLY MAY 15, ANNUALLY	INTERNAL RE	VENUE	OGDE	EN, UT 84201		
STATE OF FLORIDA	4	MIAMI-DADE COUNTY					
I, IVETTE GONZALEZ PETKOVICH , certify that the information in this Statement of							
Organization is complete, tru Signature of C	hairman of Political Committee			//4 _/	/2022 ate		