

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**1. Full Name of Committee**

FRIENDS OF SOUTH MIAMI

Telephone

305-445-0777

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)

2600 SOUTH DOUGLAS ROAD, SUITE 900  
CORAL GABLES, FL 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 SOUTH DOUGLAS ROAD SUITE 900 CORAL GABLES, FL 33134	TREASURER
JEANNINE R MIRANDA	2600 SOUTH DOUGLAS ROAD SUITE 900 CORAL GABLES, FL 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
LISA BONICH	2600 SOUTH DOUGLAS ROAD SUITE 900 CORAL GABLES, FL 33134	CHAIRPERSON

**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			

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**8. List Any Issues this Committee is Supporting:** To be 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 OF FUNDS ALLOWED UNDER FLORIDA LAW, INCLUDING SPECIFICALLY CONTRIBUTIONS TO CHARITABLE ORGANIZATIONS.

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

Name of Bank or Depository & Account Number	Mailing Address
REGIONS BANK	3516 MAIN HIGHWAY MIAMI, FL 33133

**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
FORM 8871 FORM 1120POL FORM 990	UPON FORMATION MARCH 15, ANNUALLY MAY 15, ANNUALLY	INTERNAL REVENUE SERVICE	OGDEN, UT 84201

STATE OF FLORIDA MIAMI-DADE COUNTY

I, LISA BONICH, certify that the information in this Statement of

Organization is complete, true and correct.

**X**   
 Signature of Chairman of Political Committee

2/27/2022  
 Date



**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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**CHECK APPROPRIATE BOX:**

Initial Filing for:  Primary Treasurer  Deputy Treasurer

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Re-filing to Change:  Primary Treasurer  Deputy Treasurer  Primary/Secondary Depository

1. Committee <b>FRIENDS OF SOUTH MIAMI</b>	2. Telephone <b>(305 ) 445-0777</b>
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3. Name of Treasurer or Deputy Treasurer <b>JOSE A. RIESCO, CPA</b>	4. Email (optional) <b>jose@riescoandcompany.com</b>	5. Telephone (optional) <b>(305 ) 445-0777</b>
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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  **Primary Depository**  **Secondary Depository**

9. Name of Bank <b>REGIONS BANK</b>	10. Street Address <b>3516 MAIN HIGHWAY</b>
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11. City <b>MIAMI</b>	12. State <b>FL</b>	13. Zip Code <b>33133</b>
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14. Signature of Chairman <b>X</b> 	15. Name of Chairman (Print or Type) <b>LISA BONICH</b>
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**Campaign Treasurer's Acceptance of Appointment**

I, **JOSE A. RIESCO, CPA**, do hereby accept the appointment as  
(Please Print or Type)  
treasurer or deputy treasurer for **FRIENDS OF SOUTH MIAMI**  
(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.**

**2/28/2022** Date **X**  Signature of Campaign Treasurer or Deputy 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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**CHECK APPROPRIATE BOX:**

Initial Filing for:  Primary Treasurer  Deputy Treasurer

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Re-filing to Change:  Primary Treasurer  Deputy Treasurer  Primary/Secondary Depository

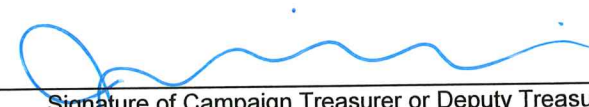
1. Committee <b>FRIENDS OF SOUTH MIAMI</b>		2. Telephone (305 ) 445-0777	
3. Name of Treasurer or Deputy Treasurer <b>JEANNINE R. MIRANDA</b>		4. Email (optional) jen@riescoandcompany.com	
5. Telephone (optional) (305 ) 445-0777			
6. Mailing Address 2600 SOUTH DOUGLAS ROAD, SUITE 900, CORAL GABLES, FL 33134			
7. Street Address 2600 SOUTH DOUGLAS ROAD, SUITE 900, CORAL GABLES, FL 33134			
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank <b>REGIONS BANK</b>		10. Street Address 3516 MAIN HIGHWAY	
11. City <b>MIAMI</b>		12. State <b>FL</b>	13. Zip Code <b>33133</b>
14. Signature of Chairman <b>X</b> 		15. Name of Chairman (Print or Type) <b>LISA BONICH</b>	

**Campaign Treasurer's Acceptance of Appointment**

I, **JEANNINE R. MIRANDA**, do hereby accept the appointment as  
(Please Print or Type)  
treasurer or deputy treasurer for **FRIENDS OF SOUTH MIAMI**  
(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.**

2/28/22  
Date

**X**   
Signature of Campaign Treasurer or Deputy Treasurer

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

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ELECTIONS DEPARTMENT

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

**Registered Agent and Office Information**

Name JOSE A. RIESCO, CPA		Telephone 305-445-0777
Street Address 2600 SOUTH DOUGLAS ROAD, SUITE 900		
City CORAL GABLES	State FL	Zip Code 33134
Mailing Address 2600 SOUTH DOUGLAS ROAD, SUITE 900		
City CORAL GABLES	State FL	Zip Code 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.



2/28/2022

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 FRIENDS OF SOUTH MIAMI		
Street Address 2600 SOUTH DOUGLAS ROAD      Suite 900		Telephone 305-445-0777
City SOUTH MIAMI	State FL	Zip Code 33134



Signature of Chairperson

LISA BONICH

Printed Name of Chairperson

2/27/2022

Date





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

Candidate/Chairperson:

LISA

BONICH

First Name

Middle Name

Last Name

FRIENDS OF SOUTH MIAMI

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 (https://www.miamidade.gov/global/elections/candidate-qualifying-handbook.page)
Political Committee Handbook (https://www.miamidade.gov/global/elections/political-committee-resources.page)

Acknowledged by: [Signature] Candidate / Chairperson Signature

Date: 2/27/2022

Primary Telephone Number: 305-445-0777

Alternate Telephone Number: 305-778-5330

E-mail address: jose@riescoandcompany.com

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



Candidate (office sought): \_\_\_\_\_  
 Candidate's Florida Voter Registration Number: \_\_\_\_\_  
 Political Committee: FRIENDS OF SOUTH MIAMI  
 Party Executive Committee: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 I, LISA BONICH

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*(Please print name of Candidate or Chairperson)*

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

2/27/2022  
 \_\_\_\_\_  
 Date

Day Time Telephone Number: 305-445-0777

Alternate Contact Number: 305-778-5330

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.*