### STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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1.	Full	Na	me	of	Cor	nm	ittee
Se	ecur	e C	Dur	Fι	utur	e.	Inc.

Telephone (305) 445-0777

Mailing Address (include city, state and zip code) 2600 South Douglas Road, Suite 900 Coral Gables, Florida 33134

Street Address (include city, state and zip code) 2600 South 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		
4		

3. Area, Scope and Jurisdiction of the Committee

Ballot issues in Miami-Dade County

- 4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.) Education
- 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 Riesco Miranda	2600 South Douglas Road, Suite 900 Coral Gables, FL 33134	Deputy Treasurer

6. List by Name, Address Finance Committee, If A	and Position, Other Principal C Any (include chairman's name)	Officers, Including Office	rs and Mem	bers of the	
Full Name	Mailing Addr	Mailing Address Committee Title or Position			
Tony Argiz Jose A. Riesco, CPA	2600 South Douglas Road Coral Gables, FL 33134 same				
Jeanine Riesco Miranda	aama				
	Same Deputy Treasurer  Office Sought and Party Affiliation Each Candidate or Other Individual that this				
7. List by Name, Address Committee is Supporti	, Office Sought and Party Affiliang (if none, please indicate)	ation Each Candidate or	Other Indiv	idual that this	
Full Name	Mailing Address Office		ıht	Party	
N/A					
8. List Any Issues this Co	ommittee is Supporting: Miami-	Dade County School E	Board Refe	rendum	
List Any Issues this Co	ommittee is Opposing: N/A		CLECT	7022 AI	
9. If this Committee is Su N/A	pporting the Entire Ticket of a F	Party, Give Name of Part	S	6 0 0 N	
10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?  Return pro rata to contributors or donate to a 527 or 501(c) organization					
11. List all Banks, Safety	Deposit Boxes, or Other Depos	itories Used for Commi	tee Funds		
Name of Bank or Dep	oository & Account Number	Mailing Address			
Regions Bank		3516 Main Highway Miami, FL 33133			
12. List all Reports Requi and Positions of Sucl	ired to be Filed by this Committ h Officials, If Any	ee with Federal Officials	and the Na	mes, Addresses	
Report Title	Dates Required to be Filed	Name & Position of Office	cial N	Mailing Address	
IRS 1120-POL	Annual	IRS	Ogdei	n, UT	
IRS 990	Annual	IRS	Ogdei	n, UT	
STATE OF Florida Miami-Dade COUNTY					
<sub>I,</sub> Tony Argiz		, certify that the inform	ation in this	Statement of	
Organization is complete, true and correct.					
XSignature of	Chairman of Political Confinitee		8/10/Z	22 ate	

## 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 OFFICE USE ONLY Re-filing to Change: Primary Treasurer Deputy Treasurer Primary/Secondary Depository 1. Committee 2. Telephone Secure Our Future, Inc. (305) 445-0777 3. Name of Treasurer or Deputy Treasurer 4. Email (optional) 5. Telephone (optional) Jose A. Riesco jose@riescoandcompany.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 ✓ Primary Depository Secondary Depository 9. Name of Bank 10. Street Address Regions Bank 3516 Main Highway 11. City 12. State 13. Zip Code Miami FL 33133 14. Signature 15. Name of Chairman (Print or Type) Tony Argiz Campaign Treasuker Acceptance of Appointment Jose A. Riesco , do hereby accept the appointment as (Please Print or Type) Secure Our Future, Inc. treasurer or deputy treasurer for (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. 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.)

2022 AUG 18 AMII: 18

CHECK APPROPRIATE BOX:

Initial Filing for: Primary Treasurer  Deputy Treasurer				
Re-filing to Change: Primary Treasurer Deputy Treasurer	Primary/Second	ary Depository	OFFICE USE ONLY	
1. Committee Secure Our Future, Inc.		2. Telephone (305 ) 445-(	0777	
3. Name of Treasurer or Deputy Treasurer 4. Email (optional Jeannine Riesco Miranda jen@riescoand		5. Telephone (optional) (305 ) 445-0777		
6. Mailing Address 2600 South Douglas Road, Suite 900, Coral Gabl	es, FL 33134			
7. Street Address 2600 South Douglas Road, Suite 900, Coral Gable	s, FL 33134			
8. The following bank has been designated as the Prin	mary Depository	Seconda	ry Depository	
9. Name of Bank Regions Bank	10. Street Addres 3516 Main H			
11. City Miami	12. Sta	ate	13. Zip Code 33133	
14. Signature of Chairman  X  M  M  M  M  M  M  M  M  M  M  M  M	15. Name of Chai	nairman (Print or Type)		
Campaign Treasurer's Ac	ceptance of A	Appointment		
Jeannine Riesco Miranda  (Please Print or Type)  treasurer or deputy treasurer for Secure Our Future,	Inc.	, do hereb	y accept the appointment as	
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAT ACCEPTANCE OF APPOINTMENT AND		OREGOING CAMP		
	Signature of Camp	aign Treasurer or l	Deputy Treasurer	

#### REGISTERED AGENT STATEMENT OF APPOINTMENT

(Section 106.022, F.S.)

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		LIABLEADE DOUGE
✓ Original Appointment ☐ Change of Appoin	itment	ELECTIONS DEPARTMENT
Change of Mailing Address Change of Physica	al Address	
Registered Ag	ent and Office Informat	ion
Name Jose A. Riesco		Telephone 305-445-0777
Street Address 2600 South Douglas Road, Suite 900		à
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 forth in Section 106.022, F.S. I also understand statement of resignation and filing it with the apple	d that I may resign this appolicable filing officer.	bligations of the position as set intment by executing a written
Signature of Registered Agent	Date	
Former Registered Agent a	and Office Information (f	or changes only)
Name		Telephone
Street Address		
Street Address City	State	Zip Code
City	State  Organization Informati	
City		
Committee or Name of Committee or Organization		
Committee or Name of Committee or Organization Secure Our Future, Inc. Street Address		on Telephone
Committee or  Name of Committee or Organization  Secure Our Future, Inc.  Street Address 2600 South Douglas Road, Suite 900  City	State FL	Telephone (305) 445-0777 Zip Code