STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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RECEIVED 2023 FEB -8 AM 9: 41

MIATH DADE COUNTY

1.	Full	Name	of Committee	

Telephone

AMERICAN NICARAGUAN CAUCUS PAC

305-529-5440

Mailing Address (include city, state and zip code)

2600 S DOUGLAS ROAD, SUITE 800, CORAL GABLES, FL 33134

Street Address (include city, state and zip code)

2600 S DOUGLAS ROAD, SUITE 800, 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
NONE		

- 3. Area, Scope and Jurisdiction of the Committee MIAMI-DADE COUNTY
- 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 Accounts (include treasurer's name)

Full Name	Mailing Address	Committee Title or Position
CARLOS M. TRUEBA	2600 S DOUGLAS ROAD, SUITE 800 CORAL GABLES, FL 33134	TREASURER

 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		ess Co	Committee Title or Position		
JONATHAN MARTIN DUARTE	4565 SW 143RD AVEN MIAMI, FL 33175	UE CHAIR	CHAIRMAN		
	, Office Sought and Party Affiliang (if none, please indicate)	ation Each Candidate or Oth	ner Individual that this		
Full Name	Mailing Address	Office Sought	Party		
NONE			OS PACENT		
8. List Any Issues this Co	ommittee is Supporting: NONE				
List Any Issues this Co	ommittee is Opposing: NONE				
9. If this Committee is Su N/A	pporting the Entire Ticket of a	Party, Give Name of Party			
	lution, What Disposition will be /ILL BE GIVEN TO CHARIT		S 501(C)3		
11. List all Banks, Safety	Deposit Boxes, or Other Depos	sitories Used for Committee	Funds		
Name 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					
Report Title	Dates Required to be Filed	d Name & Position of Official Mailing Address			
STATE OF FLORIDA MIAMI-DADE COUNTY					
I, JONATHAN MARTIN DUARTE, certify that the information in this Statement of					
Organization is complete, true and correct.					
X Signature of Chairman of Political Committee 1/25/2023 Date					

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR

POLITICAL COMMITTEES

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



				ARTMENT
CHECK APPROPRIATE BOX:				-141
Initial Filing for: Primary Treasurer Deputy Treasurer				OFFICE USE ONLY
Re-filing to Change: Primary Treasurer Deputy Treasurer	Primary	/Seconda	ry Depository	
1. Committee AMERICAN NICARAGUAN CAUCUS PAC		2. Telephone (305) 529-5440		
3. Name of Treasurer or Deputy Treasurer 4. Email (option CARLOS M. TRUEBAcpazos@gemi			5. Telephone (optional) (305) 529-5440	
6. Mailing Address 2600 S DOUGLAS ROAD, SUITE 800, CORAL	GABLES,	FLOR	IIDA 33134	
7. Street Address 2600 S DOUGLAS ROAD, SUITE 800, CORAL	GABLES,	FLOF	RIDA 33134	
8. The following bank has been designated as the	rimary Depos	sitory	Seconda	ry Depository
9. Name of Bank OCEAN BANK	10. Street 780 NV		D AVENUE	
11. City MIAMI		12. Sta FLOI	te RIDA	13. Zip Code 33134
14. Signature of Chairman Y. Wunter			man (Print or Type MARTIN DUA	•
Campaign Treasurer's A	cceptanc	e of A	ppointment	
CARLOS M. TRUEBA (Please Print or Type)			, do hereb	y accept the appointment as
treasurer or deputy treasurer for AMERICAN NICA				
UNDER PENALTIES OF PERJURY, I DECLARE THAT I ACCEPTANCE OF APPOINTMENT AN	HAVE READ	THE FO	REGOING CAMP	PAIGN TREASURER'S RUE.
01/30/2023 X	Sizzzzi	10	2	
Date	Signature (or Campa	aign Treasurer or I	Deputy Treasurer

REGISTERED AGENT STATEMENT OF APPOINTMENT

STATEMENT OF APPOINTME	TV	MEGELAES		
(Section 106.022, F.S.)		2023 FEB -8 AM 9: 42		
		ELECTION DADE COM		
Original Appointment Change of Appoin	tment	ELECTIONS DEPARTMENT		
☐ Change of Mailing Address ☐ Change of Physica	al Address			
Registered Ag	ent and Office Info	rmation		
Name JONATHAN MARTIN DUARTE		Telephone (305) 529-5440		
Street Address 4565 SW 143RD AVENUE		, , , , , , , , , , , , , , , , , , , ,		
City MIAMI	State FLORIDA	Zip Code 33175		
Mailing Address 4565 SW 143RD AVENUE				
City MIAMI	State FLORIDA	Zip Code 33175		
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	TC Da	0 / 30/2023 te		
Former Registered Agent a	nd Office Informati	on (for changes only)		
Name N/A		Telephone		
Street Address				
City	State N/a	Zip Code Na		
Committee or	Organization Infor	mation		
Name of Committee or Organization AMERICAN NICARAGUAN CAUCUS	S PAC			
Street Address 2600 S DOUGLAS ROAD, SUITE 80	0	Telephone 305-529-5440		
City CORAL GABLES	State FLORIDA	Zip Code 33134		
Signature of Chairperson				
JONATHAN MARTIN DUA Printed Name of Chairperson	RTE O	1/30/2023 te		
a Hame of offan porooff	Da			

OFFICE USE ONLY



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

Candidate/Chairperson:		MENT
onathun	Martin	DUARTE
First Name	Middle Name	Last Name
AMERICAN	NICARAGUAN CA	
	Office Sought / Organization	1
	the following resources	l, understand and follow the available on the Miami-Dade
Contains information on S Florida, County Laws and	gov/global/elections/candidate State Laws and Handbooks, th	ne Election Laws of the State of mation, Electronic Reporting Dates
Contains information on S Florida, County Laws and	gov/global/elections/political-co	ne Election Laws of the State of rting Dates and Procedures,
Acknowledged by: Date: 0 / /3 0 / 23	Candidate / Chairperson	
Primary Telephone Numbe	r: 786-796-7	879
Alternate Telephone Numb	er: NA	
E-mail address: Jonal	han ONADEMO	CRACIA-ORF

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



Candidate (office sought):				
Candidate's Florida Voter Registration Number:				
Political Committee: AMERICAN NICARAGUAN CAUCUS PAC				
Party Executive Committee:				
Other:				
I, JONATHAN MARTIN DUARTE				
(Please print name of Candidate or Chairperson)				
understand that Campaign Treasurer's Reports <u>must</u> 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 Date				
Signature of Candidate or Chairperson Date				
Day Time Telephone Number: $286 - 796 - 7879$				
Alternate Contact Number: N/A				
Email Address: JONATHAN @ UNA DEMOCRACIA: ORG				

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.