## STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

1. Full Name of Committee

OFFICE USE ONLY

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2023 MAY 17 AM 10: 26

DEFAITMENT Telephone

Dedicated to Homestead		786-659-3067					
Mailing Address (include city, state and zip code) 3363 Sunny Isles Blvd, STE 802, North Miami Beach Florida 33160							
Street Address (include city, s 3363 Sunny Isles Blvd, ST		and zip code) 02, North Miami Beach Florida 33160					
2. Affiliated or Connected Org committees)	ganiz	zations (includes other committees of con	tinuous exi	istence and political			
Name of Affiliated or Connected Organization			Relationship				
N/A		a a					
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.) Political							
5. Identify by Name, Address	and	Position, the Custodian of Books and Acc	counts (inc	lude treasurer's name)			
Full Name		Mailing Address	Comi	mittee Title or Position			
Raul Miro Jr		3 Sunny Isles Blvd, STE 802, North mi Beach Florida 33160	Treasure				

<ol><li>List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)</li></ol>					
Full Name	Mailing Addr	Mailing Address		Committee Title or Position	
Raul Miro Jr	3363 Sunny Isles Blvd, 3 Miami Beach Florida 33		Chairman		
	s, Office Sought and Party Affilia ng (if none, please indicate)	ation Each Candida	ate or Other Ind	lividual that this	
Full Name	Mailing Address	Office Sought		Party	
N/A					
8. List Any Issues this Co	ommittee is Supporting: N/A				
List Any Issues this Committee is Opposing:					
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?  Charity					
11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds					
Name of Bank or Depository & Account Number Mailing Address			ess		
TD Bank	255 Alhambra Cr Coral Gables Fl 33134				
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	of Official	Mailing Address	
N/A					
STATE OF Florida		Miami-Dade COUNTY			
Raul Miro Jr , certify that the information in this Statement of					
Organization is complete,	true and correct.				
X 5/17/202				3	
Signature of Chairman of Political Committee Date					

# 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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ELLETIONS DEPARTM **CHECK APPROPRIATE BOX:** Primary Treasurer Deputy Treasurer Initial Filing for: OFFICE USE ONLY Re-filing to Change: Primary Treasurer Deputy Treasurer Primary/Secondary Depository 1. Committee 2. Telephone (786) 659-3067 3. Name of Treasurer or Deputy Treasurer 4. Email (optional) 5. Telephone (optional) Roul@allegis avisition.com ( 6. Mailing Address 7. Street Address North Primary Depository Secondary Depository 8. The following bank has been designated as the 9. Name of Bank 10. Street Address 255 Alhambra CK 11. City 12. State 13. Zip Code 33/34 15. Name of Chairman (Print or Type) 14. Signature of Chairman Mins Ja **Campaign Treasurer's Acceptance of Appointment** , do hereby accept the appointment as Decirated to Hom treasurer or deputy treasurer for 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

### REGISTERED AGENT

#### OFFICE USE ONLY STATEMENT OF APPOINTMENT RECEIVED (Section 106.022, F.S.) 2023 MAY 17 AM 10: 26 Original Appointment Change of Appointment Change of Mailing Address Change of Physical Address **Registered Agent and Office Information** Telephone 786-659-3067 Name ( Street Address City Zip Code Mailing Address City State Zip Code 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 Former Registered Agent and Office Information (for changes only) Name Telephone Street Address State City Zip Code **Committee or Organization Information** Name of Committee or Organization Street Address Telephone 86-651-3067 City State Signature of Chairperson IL **Printed Name of Chairperson**



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

Candidate/Chairperson:			
Ray	<u></u>	Miss. Je	
First Name	Middle Name	Last Name	
Dedicated to			
	Office Sought / Organization		
	ny responsibility to read, unders the following resources availabl t Website:		
Contains information on S Florida, County Laws and	ndbook gov/global/elections/candidate-qualifying State Laws and Handbooks, the Election Handbooks, Qualifying Information, Ele Int Candidate Information, and Recent L	n Laws of the State of ectronic Reporting Date	'S
Contains information on S Florida, County Laws and	book ov/global/elections/political-committee- State Laws and Handbooks, the Election Handbooks, Electronic Reporting Date rmation, and Recent Legislative Chang	n Laws of the State of es and Procedures,	
As leaves de la sed base	R.		
Acknowledged by:	Candidate / Chairperson Signatur	re 🗀 🖂	
Date: 5/17/	2023	123 HA	
Primary Telephone Number	r: 786-659_3067	OEN NASH C	
Alternate Telephone Numb	· \ / / \	IIIO: 26	
F-mail address: 7. / 6	O allean aux him con		

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



Candidate (office sought):
Candidate's Florida Voter Registration Number:
Political Committee: Dedicated to Home Stand
Party Executive Committee:
Other:
1, Ral Mire, Dr
(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 Politica Committees, Electioneering Communications Organizations, 501(c)(4) Organizations and Politica Parties (MD-ED 28) to publicly disclose when they commence solicitation activities for Politica 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.
8/17/2023
Signature of Candidate or Chairperson  Date
781 - (56 3 2 2 2
Day Time Telephone Number: 786 -659 - 3067
Alternate Contact Number:
Email Address Ran @ allegis anishin. 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.