

**STATEMENT OF ORGANIZATION  
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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2023 AUG 25 AM 9:46

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**1. Full Name of Committee**

FRIENDS OF LITTLE GABLES

**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**

PC TO SUPPORT OR OPPOSE BALLOT ISSUES/CANDIDATES IN MIAMI-DADE COUNTY.

**4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)**

POLITICAL, 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/Custodian of records
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
TIM GOMEZ	2600 S DOUGLAS ROAD, SUITE 900 CORAL GABLES, FL 33134	CHAIRPERSON
CHRISTINA VILLAMIL	2600 S DOUGLAS ROAD, SUITE 900 CORAL GABLES, FL 33134	CO-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
N/A			

**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?**  
CONTRIBUTE TO PCs, ECOs, 501(c)(3)s, AND OTHER ACTIVITIES ALLOWED BY LAW.

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


Name of Bank or Depository & Account Number	Mailing Address
CITY NATIONAL BANK	8311 BIRD ROAD MIAMI, FL 33155

**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 SS4	UPON FORMATION	INTERNAL REVENUE SERVICE	OGDEN, UT 84201
FORM 8871	UPON FORMATION	INTERNAL REVENUE SERVICE	OGDEN, UT 84201
FORM 1120POL	ANNUALLY, MARCH 15	INTERNAL REVENUE SERVICE	OGDEN, UT 84201
FORM 990	ANNUALLY, MAY 15	INTERNAL REVENUE SERVICE	OGDEN, UT 84201

STATE OF FLORIDA MIAMI-DADE COUNTY

I, TIM GOMEZ, certify that the information in this Statement of Organization is complete, true and correct.

**X**  Signature of Chairman of Political Committee 8/24/23 Date

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 ELECTIONS DEPARTMENT

**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

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

**OFFICE USE ONLY**

1. Committee  
FRIENDS OF LITTLE GABLES

2. Telephone  
(305 ) 445-0777

3. Name of Treasurer or Deputy Treasurer  
JOSE A. RIESCO

4. Email (optional)  
jose@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  Primary Depository  Secondary Depository

9. Name of Bank  
CITY NATIONAL BANK

10. Street Address  
8311 BIRD ROAD

11. City  
MIAMI

12. State  
FL

13. Zip Code  
33155

14. Signature of Chairman

**X** 

15. Name of Chairman (Print or Type)

TIM GOMEZ

**Campaign Treasurer's Acceptance of Appointment**

I, JOSE A. RIESCO, do hereby accept the appointment as  
(Please Print or Type)  
treasurer or deputy treasurer for FRIENDS OF LITTLE GABLES  
(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.

8-24-2023

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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MIAMI DADE COUNTY  
ELECTIONS DEPARTMENT

**CHECK APPROPRIATE BOX:**

Initial Filing for:     Primary Treasurer     Deputy Treasurer

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

**OFFICE USE ONLY**

1. Committee  
FRIENDS OF LITTLE GABLES

2. Telephone  
(305 ) 445-0777

3. Name of Treasurer or Deputy Treasurer    4. Email (optional)  
JEANNINE R. MIRANDA    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     Primary Depository     Secondary Depository

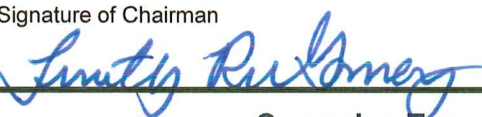
9. Name of Bank  
CITY NATIONAL BANK

10. Street Address  
8311 BIRD ROAD

11. City  
MIAMI

12. State  
FL

13. Zip Code  
33155

14. Signature of Chairman  
**X** 

15. Name of Chairman (Print or Type)  
TIM GOMEZ

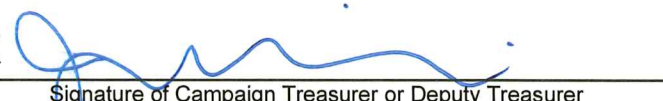
**Campaign Treasurer's Acceptance of Appointment**

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

8/24/23

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.

 \_\_\_\_\_      8/24/2023 \_\_\_\_\_  
Signature of Registered Agent      Date

**Former Registered Agent and Office Information (for changes only)**

Name N/A		Telephone
Street Address		
City	State	Zip Code

**Committee or Organization Information**

Name of Committee or Organization FRIENDS OF LITTLE GABLES		
Street Address 2600 SOUTH DOUGLAS ROAD, SUITE 900		Telephone 305-445-0777
City CORAL GABLES	State FL	Zip Code 33134

 \_\_\_\_\_  
Signature of Chairperson

TIM GOMEZ \_\_\_\_\_      8/24/23 \_\_\_\_\_  
Printed Name of Chairperson      Date



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

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Candidate/Chairperson:

TIM

GOMEZ

First Name

Middle Name

Last Name

FRIENDS OF LITTLE GABLES

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>)

Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.

Political Committee Handbook

(<https://www.miamidade.gov/global/elections/political-committee-resources.page>)

Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by: Trinity Ruiz Gomez  
Candidate / Chairperson Signature

Date: 8/24/23

Primary Telephone Number: 305-445-0777

Alternate Telephone Number: N/A

E-mail address: jose@riescoandcompany.com

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



Candidate (office sought): \_\_\_\_\_

Candidate's Florida Voter Registration Number: \_\_\_\_\_

Political Committee: FRIENDS OF LITTLE GABLES

Party Executive Committee: \_\_\_\_\_

Other: \_\_\_\_\_

I, TIM GOMEZ

*(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

8/23/21  
Date

Day Time Telephone Number: 305-445-0777

Alternate Contact Number: N/A

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.*

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MAYOR'S OFFICE  
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