

**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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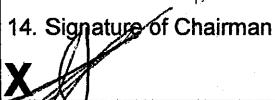
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**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 We the People for a Better Hialeah PC		2. Telephone (786 ) 712-0047	
3. Name of Treasurer or Deputy Treasurer Joseandres Caballero		4. Email (optional)	
		5. Telephone (optional) (N/A)	
6. Mailing Address 5895 W 26 Ave Hialeah, FL 33016			
7. Street Address 5895 W 26 Ave Hialeah, FL 33016			
8. The following bank has been designated as the		<input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository	
9. Name of Bank Interamerican Bank		10. Street Address 4090 W 12 Ave	
11. City Hialeah		12. State FL	13. Zip Code 33012
14. Signature of Chairman 		15. Name of Chairman (Print or Type) Joseandres Caballero	

**Campaign Treasurer's Acceptance of Appointment**

I, Joseandres Caballero, do hereby accept the appointment as  
(Please Print or Type)  
treasurer or deputy treasurer for We the People for a Better Hialeah PC  
(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.**

10/23/23  
Date

  
Signature of Campaign Treasurer or Deputy Treasurer

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**1. Full Name of Committee**  
We the People for a Better Hialeah

Telephone  
786-712-0047

Mailing Address (include city, state and zip code)  
5895 W 26 Ave Hialeah, FL 33016

Street Address (include city, state and zip code)  
5895 W 26 Ave Hialeah, FL 33016

**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	N/A	N.A

**3. Area, Scope and Jurisdiction of the Committee**

*Miami Dade County / City of Hialeah*

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

Receive contributions to use for political purposes, such as making contributions or independent expenditures to support or oppose candidates and ballot measures, or making contributions to political parties and local campaign committees.

**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
Joseandres Caballero	5895 W 26 Ave Hialeah, FL 33016	Chairman

**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
Joseandres Caballero	5895 W 26 Ave Hialeah, FL 33016	Chairman

**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
none			

8. List Any Issues this Committee is Supporting: N/A  
 List Any Issues this Committee is Opposing: N/A

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?  
 donate to nonprofit organization with 501c3

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

Name of Bank or Depository & Account Number	Mailing Address
Interamerican Bank	4090 W 12 Ave

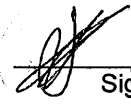
**12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any**

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

STATE OF Florida COUNTY Miami-Dade

I, Joseandres Caballero, certify that the information in this Statement of

~~Organization is complete, true and correct.~~

**X**  Signature of Chairman of Political Committee 10/23/23 Date

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**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 <b>Joseandres Caballero</b>	Telephone <b>786-712-0047</b>
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Street Address  
**5895 W 26 Ave**

City <b>Hialeah</b>	State <b>FL</b>	Zip Code <b>33016</b>
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Mailing Address  
**5895 W 26 AVE**

City <b>Hialeah</b>	State <b>FL</b>	Zip Code <b>33016</b>
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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.

	<b>10/23/23</b>
<b>Signature of Registered Agent</b>	<b>Date</b>

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

Name <b>N/A</b>	Telephone
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Street Address

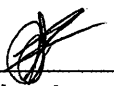
City	State	Zip Code
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**Committee or Organization Information**

Name of Committee or Organization  
**We the People for a Better Hialeah PC**

Street Address <b>5895 W 26 Ave</b>	Telephone
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City <b>Hialeah</b>	State <b>FL</b>	Zip Code <b>33016</b>
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<b>Signature of Chairperson</b>	

<b>Joseandres Caballero</b>	<b>10/23/23</b>
<b>Printed Name of Chairperson</b>	<b>Date</b>



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

Candidate/Chairperson:

Joseandres

Caballero

First Name

Middle Name

Last Name

We the People for a Better Hialeah PC

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
Political Committee Handbook

Acknowledged by: [Signature] Candidate / Chairperson Signature

Date: 10/23/23

Primary Telephone Number: 786-712-0047

Alternate Telephone Number: N/A

E-mail address: aBetterHialeahPC@yahoo.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: We the People for a better Hialeah PC

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

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

I, Joseandres Caballero  
*(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, 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, 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.

Signature of Candidate or Chairperson

10/23/23  
Date

Day Time Telephone Number: 786-712-0047

Alternate Contact Number: N/A

Email Address: aBetterHialeahPC@yahoo.com

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ELECTIONS DEPARTMENT

*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.*