STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

2023 NOV 15 AM II: 12

AMAMINADE COS. EY ELECTIONS DEPARTMEN

| Full Name of Committee Proven Leadership for Mian | iami (305)529-5 | |
|--|---|-----------------------------------|
| Mailing Address (include city, s 2600 S Douglas Road Suite | state and zip code) e 800, Coral Gables, FL 33134 | |
| Street Address (include city, st 2600 S Douglas Road Suite | ate and zip code) e 800, Coral Gables, FL 33134 | |
| 2. Affiliated or Connected Orga committees) | anizations (includes other committees of con | tinuous existence and political |
| Name of Affiliated or Connected Organization | Mailing Address | Relationship |
| N/A | N/A | N/A |
| | | |
| | | |
| | | |
| 3. Area, Scope and Jurisdictio Miami-Dade County | n of the Committee | |
| 4. Nature of Organization or O Civic and Governmental Po | rganization's Special Interest (e.g., medical, l blicy Education | legal, education, etc.) |
| 5. Identify by Name, Address a | and Position, the Custodian of Books and Ac | counts (include treasurer's name) |
| Full Name | Mailing Address | Committee Title or Position |
| | 2600 S Douglas Road Suite 800, Coral Gables, FL 33134 | Treasurer |
| | | |

| 6. List by Name, Address Finance Committee, If | and Position, Other Principal O Any (include chairman's name) | Ifficers, Including C | Officers an | nd Members of the |
|---|---|-----------------------|-------------|---------------------------|
| Full Name | Mailing Addre | ess | Con | nmittee Title or Position |
| Horacio Stuart Aguirre | 1910 NW 13 St, Miami, F | FL 33125 | Chairma | ın |
| 7. List by Name, Address Committee is Supporti | , Office Sought and Party Affiliang (if none, please indicate) | ation Each Candida | te or Othe | er Individual that this |
| Full Name | Mailing Address | Office | Sought | Party |
| None | | | | |
| 8. List Any Issues this Co | ommittee is Supporting: none | | | |
| List Any Issues this Co | ommittee is Opposing: none | | | CO SE |
| 9. If this Committee is Su N/A | upporting the Entire Ticket of a F | Party, Give Name of | f Party | |
| Residual funds will be 11. List all Banks, Safety | Jution, What Disposition will be given to charitable organizate Deposit Boxes, or Other Deposit | tions 501(C)3 | ommittee l | |
| | pository & Account Number | | Mailing / | |
| Ocean Bank | | 780 NW 42nd A | ve, Mian | 11, FL 33126 |
| 12. List all Reports Requ and Positions of Suc | ired to be Filed by this Commit th Officials, If Any | tee with Federal Of | ficials and | the Names, Addresses |
| Report Title | Dates Required to be Filed | Name & Position of | of Official | Mailing Address |
| N/A | N/A | N/A | | N/A |
| STATE OF Florida | à | Miam | ni-Dad | le county |
| , Horacio Stua | art Aguirre | , certify that the | informatio | n in this Statement of |
| Organization is complete, | true and correct. | | | |
| X Horacio Sul Signature o | f Chairman of Political Committee | | Nov | 14.2023 Date |

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR

POLITICAL COMMITTEES

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

RECEIVED

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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/Second | ary Depository | |
| Committee Proven Leadership for Miami PAC | | 2. Telephone (305) 5295 | 440 |
| 3. Name of Treasurer or Deputy Treasurer 4. Email (optional Carlos M. Trueba rguzman@gem | | 5. Telephone (d (305) 5295 | |
| 6. Mailing Address 2600 S Douglas Road Suite 800, Coral Gables, F | EL 33134 | | |
| 7. Street Address 2600 S Douglas Road Suite 800, Coral Gables, F | FL 33134 | | |
| 8. The following bank has been designated as the | mary Depository | Seconda | ry Depository |
| 9. Name of Bank Ocean Bank | 10. Street Addres | _ | |
| 11. City Miami | 12. St FL | ate | 13. Zip Code 33134 |
| 14. Signature of Chairman X Horacult Stuart Lessistes | 15. Name of Cha Horacio Stua | irman (Print or Typ rt Aguirre | oe) |
| Campaign/Treasurer's A | cceptance of A | Appointment | |
| Carlos M. Trueba (Please Print or Type) | | , do here | by accept the appointment as |
| treasurer or deputy treasurer for Proven Leadership | for Miami PAC | ; | |
| UNDER PENALTIES OF PERJURY, I DECLARE THAT I I | (Commit HAVE READ THE F D THAT THE FACT | OREGOING CAM | PAIGN TREASURER'S 'RUE. |
| Novem 2 7, 2023 X | (N | 1 | |
| Date | Signature of Cam | paign Treasurer or | Deputy Treasurer |

REGISTERED AGENT STATEMENT OF APPOINTMENT

OFFICE USE ONLY

| (Section 106.022, F.S.) | | 4040 NOV 15 AN II: 12 |
|---|---|---|
| | | AuAkabane Codsiyy alec nove beayanying |
| | | status (tare deposit falis) |
| Original Appointment Change of Appoin | itment | |
| ☐ Change of Mailing Address ☐ Change of Physic | | |
| Registered Ag | ent and Office Info | |
| Name Horacio Stuart Aguirre | | Telephone (305) 529 -5440 |
| Street Address 2600 S Douglas Road Suite 800 | | |
| City Coral Gables | State FL | Zip Code 33134 |
| Mailing Address 2600 S Douglas Road Suite 800 | | |
| 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 understan statement of resignation and filing it with the app | d that I may resign this licable filing officer. | appointment by executing a written |
| Horaclo Stubert Consura Signature of Registered Agent | | Vov. 14, 2023 |
| Former Registered Agent a | and Office Informat | ion (for changes only) |
| Name N/A | | Telephone N/A |
| Street Address N/A | ., | |
| City N/A | State N/A | Zip Code N/A |
| Committee o | r Organization Infor | rmation |
| Name of Committee or Organization Proven Leadership for Miami | | |
| Street Address 2600 S Douglas Road Suite 800 | | Telephone (305)529-5440 |
| City Coral Gables | State FL | Zip Code 33134 |
| Horacio Stuart aguirel | , | |
| Signature of Chairperson | | |
| Horacio Stuart Aguirre | ļ | Vov. 14, 2823 |
| Printed Name of Chairperson | | ate |



MD-ED 2 (Rev. 2/8/2021)

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

| Candidate/Chairperson: | | | |
|--|--|--|-------------|
| HORACIO | | STUART | |
| First Name | Middle Name | Last Name | |
| | | | |
| Prov | EN LEADERSHIP FOR | MIAMI | |
| | Office Sought / Organization | | |
| I acknowledge that it is my requirements described in to County Elections Department | he following resources a | | |
| Contains information on St Florida, County Laws and I | lbook ov/global/elections/candidate-o ate Laws and Handbooks, the Handbooks, Qualifying Informa Candidate Information, and R | Election Laws of the State ation, Electronic Reporting | of Dates |
| Contains information on St Florida, County Laws and I | ook v/global/elections/political-con ate Laws and Handbooks, the Handbooks, Electronic Report mation, and Recent Legislative | Election Laws of the State ing Dates and Procedures, | |
| Acknowledged by: | Candidate / Chairperson | <i>ເມັນໂ</i> Signature | |
| Date: 101 1520 | 1.3 | IV: ESS | |
| Primary Telephone Number: | (305) 529-544 | | |
| Alternate Telephone Numbe | r:N/A | The state of the s | |
| E-mail address: | man @gemrtcpa.cor | | |

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



| Candidate (office sought): |
|---|
| Candidate's Florida Voter Registration Number: |
| Political Committee: PROVEN LEADERS HIP FOR MIAMI |
| Party Executive Committee: |
| Other: |
| 1, HORACIO STUART AGUIRRE |
| (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, 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 |
| Date |
| Day Time Telephone Number: (305) 529 - 5440 |
| Alternate Contact Number: N/A |
| |
| Email Address: rgvzman @ gemrtepa.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.