

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

1. Full Name of Committee

Citizens For Progress

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, #900 CORAL GABLES, FL 33134	DEPUTY TREASURER
JEANNINE R MIRANDA	2600 SOUTH DOUGLAS ROAD, #900 CORAL GABLES, FL 33134	TREASURER
DANIEL J. RODRIGUEZ	2600 SOUTH DOUGLAS ROAD, #900 CORAL GABLES, FL 33134	CHAIRPERSON

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
JOSE A. RIESCO, CPA	2600 SOUTH DOUGLAS ROAD, #900 CORAL GABLES, FL 33134	DEPUTY TREASURER
JEANNINE R. MIRANDA	2600 SOUTH DOUGLAS ROAD, #900 CORAL GABLES, FL 33134	TREASURER
DANIEL J. RODRIGUEZ	2600 SOUTH DOUGLAS ROAD, #900 CORAL GABLES, FL 33134	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
TO BE DETERMINED			

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?
 ANY ACTIVITY ALLOWED UNDER FLORIDA LAW FOR DISPOSAL OF RESIDUAL FUNDS

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	2855 SOUTH LEJEUNE ROAD CORAL GABLES, FL 33134

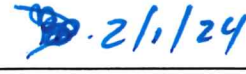
12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
SS4	UPON FORMATION	INTERNAL REVENUE SERVICE	OGDEN, UTAH 84201
FORM 8871	UPON FORMATION	INTERNAL REVENUE SERVICE	OGDEN, UTAH 84201
FORM 1120POL	MARCH 15, ANNUALLY	INTERNAL REVENUE SERVICE	OGDEN, UTAH 84201
FORM 990	MAY 15, ANNUALLY	INTERNAL REVENUE SERVICE	OGDEN, UTAH 84201

STATE OF FLORIDA MIAMI-DADE COUNTY

I, DANIEL J. RODRIGUEZ, certify that the information in this Statement of Organization is complete, true and correct.

X  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.)

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FLORIDA STATE
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Initial Filing for: Primary Treasurer Deputy Treasurer

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

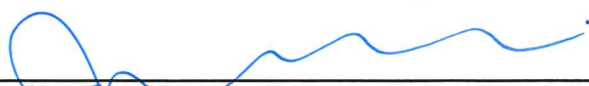
1. Committee Citizens For Progress		2. Telephone (305) 445-0777	
3. Name of Treasurer or Deputy Treasurer JEANNINE R. MIRANDA		4. Email (optional) jen@riescoandcompany.com	
5. Telephone (optional) (305) 445-0777			
6. Mailing Address 2600 SOUTH DOUGLAS ROAD, #900, CORAL GABLES, FL 33134			
7. Street Address 2600 SOUTH DOUGLAS ROAD, #900, CORAL GABLES, FL 33134			
8. The following bank has been designated as the		<input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository	
9. Name of Bank CITY NATIONAL BANK		10. Street Address 2855 SOUTH LEJEUNE ROAD	
11. City MIAMI		12. State FL	13. Zip Code 33134
14. Signature of Chairman X 		15. Name of Chairman (Print or Type) DANIEL J. RODRIGUEZ	

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 **Citizens For Progress**
(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.**

2/1/24
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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TREASURY & DEBTS
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Initial Filing for: Primary Treasurer Deputy Treasurer

OFFICE USE ONLY

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

1. Committee Citizens For Progress		2. Telephone (305) 445-0777	
3. Name of Treasurer or Deputy Treasurer JOSE A. RIESCO, CPA		4. Email (optional) jose@riescoandcompany.com	
5. Telephone (optional) (305) 445-0777			
6. Mailing Address 2600 SOUTH DOUGLAS ROAD, #900, CORAL GABLES, FL 33134			
7. Street Address 2600 SOUTH DOUGLAS ROAD, #900, CORAL GABLES, FL 33134			
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank CITY NATIONAL BANK		10. Street Address 2855 SOUTH LEJEUNE ROAD	
11. City MIAMI		12. State FL	13. Zip Code 33134
14. Signature of Chairman X 		15. Name of Chairman (Print or Type) DANIEL J. RODRIGUEZ	

Campaign Treasurer's Acceptance of Appointment

I, **JOSE A. RIESCO, CPA**, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for **Citizens For Progress**
(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.**

2/1/2024
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**
(Section 106.022, F.S.)

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FLORIDA DEPARTMENT OF
ELECTIONS

- 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, #900

City: CORAL GABLES State: FL Zip Code: 33134

Mailing Address: 2600 SOUTH DOUGLAS ROAD, #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.



Signature of Registered Agent

2/1/2024

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: Citizens For Progress

Street Address: 2600 SOUTH DOUGLAS ROAD, #900 Telephone: 305-445-0777

City: CORAL GABLES State: FL Zip Code: 33134



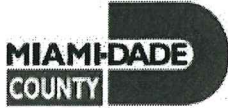
Signature of Chairperson

DANIEL J. RODRIGUEZ

Printed Name of Chairperson

2/1/24

Date



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

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Candidate/Chairperson:

DANIEL

J

RODRIGUEZ

First Name

Middle Name

Last Name

Citizens For Progress

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: 2/17/24

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: Citizens For Progress
- Party Executive Committee: _____
- Other: _____

I, DANIEL J. RODRIGUEZ
(Please print name of Candidate or Chairperson)

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CLERK OF COUNTY COMMISSIONER

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

2/1/24

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.