

ELECTIONEERING COMMUNICATION STATEMENT OF ORGANIZATION

(PLEASE TYPE)

RECEIVED
 11 JAN 26 AM 10:55
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT
 OFFICE USE ONLY

1. Full Name of Organization		Telephone	
A NEW DAY FOR MIAMI-DADE		305-445-0777	
Mailing Address (include city, state and zip code)			
95 MERRICK WAY, SUITE 250			
Street Address (include city, state and zip code)			
CORAL GABLES, FL 33134			
2. Affiliated or Connected Organizations			
Name of Affiliated or Connected Organization	Mailing Address	Relationship	
TO BE DETERMINED			
3. Area, Scope and Jurisdiction of the Organization			
MIAMI-DADE COUNTY			
4. Identify by Name, Address & Position, the Custodian of Books & Accounts for the Organization			
Full Name	Mailing Address	Street Address	Title or Position
JOSE A. RIESCO, CPA	95 MERRICK WAY SUITE 250 CORAL GABLES, FL 33134	95 MERRICK WAY SUITE 250 CORAL GABLES, FL 33134	TREASURER
5. This Organization was formed (check applicable box): (Calendar quarters end the last day of March, June, September, and December.)			
<input checked="" type="checkbox"/> As a newly created organization during the current calendar quarter. <input type="checkbox"/> From an organization existing prior to the current calendar quarter.			

6. List By Name, Mailing and Street Address, & Position, Other Principal Officers, including the treasurer and deputy treasurer, if any. Include the top-ranking officer's (e.g., chairperson) name and information.

Full Name	Mailing Address	Street Address	Title or Position
JOSE A. RIESCO, CPA	95 MERRICK WAY SUITE 250 CORAL GABLES, FL 33134	95 MERRICK WAY SUITE 250 CORAL GABLES, FL 33134	TREASURER
JESSE O. MANZANO	PO BOX 348068 MIAMI, FL 33234	PO BOX 348068 MIAMI, FL 33234	CHAIRPERSON

MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT
 11 JAN 26 AM 10:54

7. In the Event of Dissolution, What Disposition will be Made of the Residual Funds?

RETURNED TO CONTRIBUTORS PRO-RATA OR DONATED TO 501(c)(3)

8. List All Banks, Safety Deposit Boxes, or Other Depositories Used by this Organization for Electioneering Communications

Name of Bank or Depository	Mailing Address
WACHOVIA BANK	2100 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134

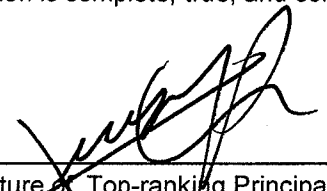
9. List All Reports Required to be Filed by this Organization with Federal Officials, & the Names, Addresses, & Positions of Such Officials, If Any

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
FORM 8871 FORM 8453-X FORM 1120 POL FORM 990	W/IN 24 HRS-FORMATION AFTER FILING FORM 8871 MARCH 15, ANNUALLY MAY 15, ANNUALLY	INTERNAL REVENUE SERVICE	OGDEN, UTAH 84201

STATE OF FLORIDA MIAMI-DADE COUNTY

I, JESSE O. MANZANO, certify that the information in this Statement of

Organization is complete, true, and correct.

X  _____
Signature of Top-ranking Principal Officer of Organization

25 JAN 11
Date

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

OFFICE USE ONLY

RECEIVED
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

11 JAN 26 AM 10:58

- Original Appointment Change of Appointment
 Change of Mailing Address Change of Physical Address

Registered Agent and Office Information

Name **JOSE A. RIESCO** Telephone **305-445-0777**

Street Address **95 MERRICK WAY, SUITE 250**

City **CORAL GABLES** State **FL** Zip Code **33134**

Mailing Address **95 MERRICK WAY, SUITE 250**

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 Division of Elections.


Signature of Registered Agent

1/25/11
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
A NEW DAY FOR MIAMI-DADE

Street Address **95 MERRICK WAY, SUITE 250** Telephone **305-445-0777**

City **CORAL GABLES** State **FL** Zip Code **33134**

Committee or organization is registered with:

Division of Elections County **MIAMI-DADE** City _____


Signature of Chairperson

JESSE O. MANZANO

Print Name of Chairperson

25 JAN 11
Date

**Receipt of Handbook and the
Election Laws of the State of Florida**



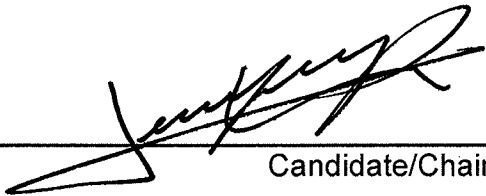
Candidate/Chairperson:

JESSE	O.	MANZANO
First Name	Middle Name	Last Name
A NEW DAY FOR MIAMI-DADE		
Office Sought / Organization		

RECEIVED
 11 JAN 26 AM 10:57
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

This is to acknowledge my receipt of the following documents:

Handbooks Available	Edition	Downloaded from Internet	CD-Rom	Other
The Election Laws of the State of Florida		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Qualifying Handbook		<input type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Received by: 
 Candidate/Chairperson Signature

Date: 25 JAN 11

Phone No.: 305-360-1629

Fax No.: _____

E-mail address: jesse.manzano@gmail.com