

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) BETTER FLORIDA LEADERSHIP COALITION
Name
(2) 18851 NE 29TH AVE, STE 303
Address (number and street)
AVENTURA, FL 33180
City, State, Zip Code

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OFFICE OF THE CITY CLERK
CITY OF MIAMI FL

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):
 Candidate (office sought): _____
 Political Committee
 Committee of Continuous Existence
 Party Executive Committee
 Electioneering Communication

(3) ID Number: _____

CHECK IF PC HAS DISBANDED
 CHECK IF CCE HAS DISBANDED
 CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 07 / 01 / 2013 To 09 / 27 / 2013 Report Type G1-13
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 16,000.00
 Loans \$ _____
 Total Monetary \$ 16,000.00
 In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0.00
 Transfers to Office Account \$ _____
 Total Monetary \$ 0.00

(8) Other Distributions
 \$ _____

(9) TOTAL Monetary Contributions To Date
 \$ 16,000.00

(10) TOTAL Monetary Expenditures To Date
 \$ 0.00

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) JOSE A RIESCO
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X _____
 Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) WINFRED JEROME MILLS, JR
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name BETTER FLORIDA LEADERSHIP COALITION (2) I.D. Number _____

(3) Cover Period 07 / 01 / 2013 through 09 / 27 / 2013 (4) Page 1 of 1

| (5) Date | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Contributor Type Occupation | | (9) Contribution Type | (10) In-kind Description | (11) Amendment | (12) Amount |
|----------------|--|---|----------------|-----------------------------|--------------------------------|-------------------|----------------|
| 09 / 27 / 2013 | FLORIDA LEADER COUNCIL 71 BROADWAY, 16 I NEW YORK, NY 10006 | C | PC | CHE | | | 15000.00 |
| 1 | | | | | | | |
| 09 / 27 / 2013 | BISCAYNE HOLDINGS GROUP INC 9737 NW 41ST ST, STE 135 DORAL, FL 33178 | B | REAL ESTATE | CHE | | | 1000.00 |
| 2 | | | | | | | |
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JUAN-CARLOS PLANAS, ESQ.
Direct: (305) 500-9338
Jcplanas@kb-attorneys.com

October 4, 2013

City Clerk Todd B. Hannon
City of Miami
Office of the City Clerk
3500 Pan American Drive
Miami, Florida 33133

Dear Mr. Hannon:

I am the attorney and Registered Agent for Better Florida Leadership Coalition, a Political Committee currently registered with the Miami-Dade Elections Department.

Please accept this letter, an the attached materials, as notice that this Committee will be engaged in the 2013 elections in the City of Miami and all subsequent campaign finance reports will be filed with your office.

Please feel free to contact me directly with any further questions.

Thank you.

s/ J.C. Planas
Juan-Carlos Planas, Esq.

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**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

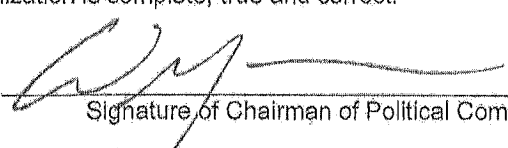
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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

| | | |
|---|--|-----------------------------|
| 1. Full Name of Committee | | Telephone |
| Better Florida Leadership Coalition | | 305-929-8500 |
| Mailing Address (include city, state and zip code) | | |
| 18851 N.E. 29Th Avenue, Suite 303, Aventura, Florida 33180 | | |
| Street Address (include city, state and zip code) | | |
| 1221 Biscayne Blvd., Suite 900, Miami, Florida 33131 | | |
| 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 | | |
| Improving the quality of life in the City of Miami by electing responsible City leaders and increasing voter participation and promoting good government. | | |
| 4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.) | | |
| Political Committee to improve the quality of life in the City of Miami and promoting positive economic development. | | |
| 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 | 95 Merrick Way, Suite 250 Coral Gables, Florida 33134 | Treasurer |

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| | | | |
|---|--|--|-----------------|
| 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 | |
| Winfred Jerome Mills, Jr. | 1221 Biscayne Blvd., Suite 900, Miami, Florida 33131 | 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 |
| N/A | | | |
| 8. List Any Issues this Committee is Supporting: n/a List Any Issues this Committee is Opposing: | | | |
| 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? Return to Contributors | | | |
| 11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds | | | |
| Name of Bank or Depository & Account Number | Mailing Address | | |
| Bank of Coral Gables | 2295 Galiano St., Coral Gables, Florida 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 |
| n/a | | | |
| STATE OF <u>Florida</u> <input checked="" type="checkbox"/> | | <u>Miami-Dade</u> <input checked="" type="checkbox"/> COUNTY | |
| I, <u>Winfred Jerome Mills, Jr.</u> , certify that the information in this Statement of Organization is complete, true and correct. | | | |
| X  | | <u>09/09/13</u> Date | |
| Signature of Chairman of Political Committee | | | |

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 ELECTIONS DEPARTMENT
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**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR
POLITICAL COMMITTEES**
(Sections 106.011(1) and 106.021(1), F.S.)

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

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Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

| | | | |
|---|--|---|-----------------------|
| 1. Committee or Organization Better Florida Leadership Coalition | | 2. Telephone (305) 929-8500 | |
| 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 95 Merrick Way, Suite 250 Coral Gables, Florida 33134 | | | |
| 7. Street Address 95 Merrick Way, Suite 250 Coral Gables, Florida 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 Bank of Coral Gables | | 10. Street Address 2295 Galiano St., | |
| 11. City Coral Gables | | 12. State Florida | 13. Zip Code 33134 |
| 14. Signature of Chairman  | | 15. Name of Chairman (Print or Type) Winfred Jerome Mills, Jr. | |

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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 Better Florida Leadership Coalition
(Committee or Organization)

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.

9/11/13 
Date Signature of Campaign Treasurer or Deputy Treasurer

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

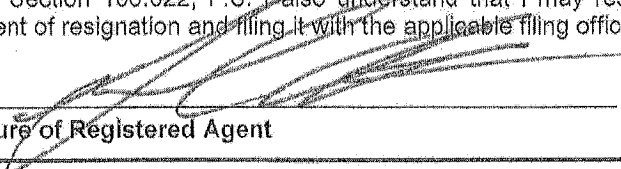
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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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

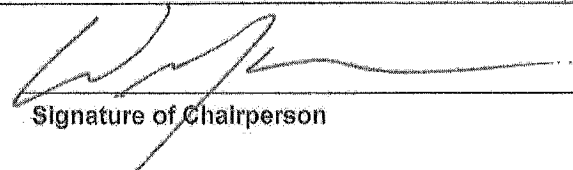
Registered Agent and Office Information

| | | |
|---|------------------|---------------------------|
| Name Juan-Carlos Planas, Esq. | | Telephone 305-929-8500 |
| Street Address 18851 NE 29 Avenue, Suite 303 | | |
| City Aventura | State Florida | Zip Code 33180 |
| Mailing Address 18851 NE 29 Avenue, Suite 303 | | |
| City Aventura | State Florida | Zip Code 33180 |
| 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  | | Date 9/9/13 |

Former Registered Agent and Office Information (for changes only)

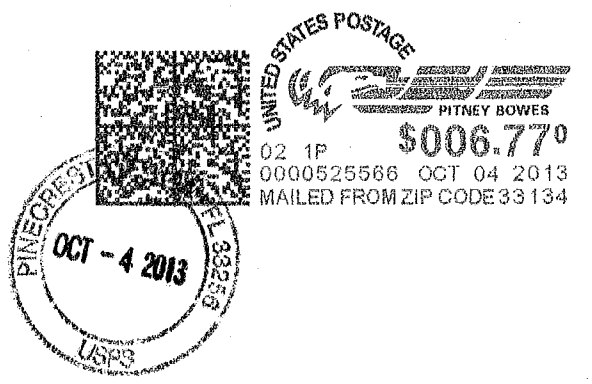
| | | |
|----------------|-------|-----------|
| Name | | Telephone |
| Street Address | | |
| City | State | Zip Code |

Committee or Organization Information

| | | |
|---|------------------|---------------------------|
| Name of Committee or Organization Better Florida Leadership Coalition | | |
| Street Address 1221 Biscayne Blvd., Suite 900 | | Telephone 305-929-8500 |
| City Miami | State Florida | Zip Code 33131 |
| Signature of Chairperson  | | Date 9/9/13 |
| Printed Name of Chairperson Winfred Jerome Mills, Jr. | | |

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ESCO & COMPANY, LLC
 PA'S & CONSULTANTS
 Merrick Way, Suite 250
 Coral Gables, FL 33134



RETURN RECEIPT
 REQUESTED

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 CITY OF MIAMI, FL

ATTN: DWIGHT DANIE
 CITY CLERK, CITY OF MIAMI
 3500 PAN AMERICAN DRIVE
 P.O. BOX 330708
 MIAMI, FL 33233-0708

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ATTN: DWIGHT DANIE
 CITY CLERK, CITY OF MIAMI
 3500 PAN AMERICAN DRIVE
 P.O. BOX 330708
 MIAMI, FL 33233-0708

COMPLETE THIS SECTION ON DELIVERY

| | | |
|--|---|------------------------------------|
| A. Signature | | <input type="checkbox"/> Agent |
| <input checked="" type="checkbox"/> Received by (Printed Name) | | <input type="checkbox"/> Addressee |
| B. Received by (Printed Name) | | C. Date of Delivery |
| D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 3. Service Type | | |
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail | |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise | |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. | |
| 4. Restricted Delivery? (Extra Fee) | | <input type="checkbox"/> Yes |