

**STATEMENT OF ORGANIZATION  
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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OFFICE OF THE CITY CLERK  
CITY OF MIAMI

**1. Full Name of Committee**

A Stronger Miami

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	N/A	N/A

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

County wide and City of Miami PC for Candidates and Issues

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

**Making Miami Stronger**

**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	2600 South Douglas Road Suite 900 Coral Gables, FL 33134	Treasurer

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

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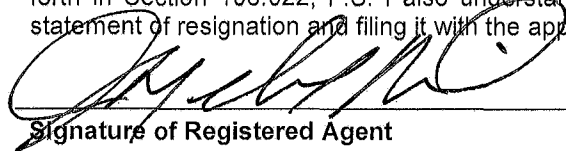
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CITY OF MIAMI

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

**Registered Agent and Office Information**

Name Miguel Del Rivero		Telephone 305-409-8717
Street Address 1169 SW 85 Court		
City Miami	State Florida	Zip Code 33144
Mailing Address 1169 SW 85 Court		
City Miami	State Florida	Zip Code 33144

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

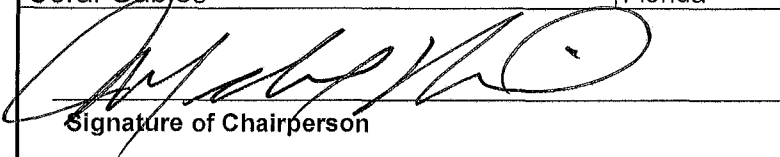
9-28-16  
Date

**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 A Stronger Miami		
Street Address 2600 South Douglas Road, Suite 900		Telephone 305-445-0777
City Coral Gables	State Florida	Zip Code 33134

  
Signature of Chairperson

Miguel Del Rivero  
Printed Name of Chairperson

9-28-16  
Date

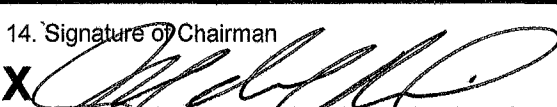
**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR  
POLITICAL COMMITTEES**  
(Sections 106.011(1) and 106.021(1), F.S.)

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CHECK APPROPRIATE BOX:

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Original Appointment of Treasurer       Reappointment of Treasurer       Deputy Treasurer

1. Committee or Organization <b>A Stronger Miami</b>		2. Telephone <b>(305 ) 445-0777</b>	
3. Name of Treasurer or Deputy Treasurer <b>Jose A. Riesco</b>		4. Email (optional) <b>jose@riescoandcompany.com</b>	
5. Telephone (optional) <b>(305 ) 445-0777</b>			
6. Mailing Address <b>2600 South Douglas Road, Suite 900, Coral Gables, FL 33134</b>			
7. Street Address <b>2600 South Douglas Road, Suite 900, Coral Gables, FL 33134</b>			
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank <b>Suntrust Bank</b>		10. Street Address <b>201 Alhambra Circle</b>	
11. City <b>Coral Gables</b>		12. State <b>Florida</b>	13. Zip Code <b>33134</b>
14. Signature of Chairman <b>X</b> 		15. Name of Chairman (Print or Type) <b>Miguel Del Rivero</b>	


**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 A Stronger Miami  
(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**

9/29/2016  
Date

**X**   
Signature of Campaign Treasurer or Deputy Treasurer



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

Candidate/Chairperson:

Miguel

Del Rivero

First Name

Middle Name

Last Name

A Stronger Miami

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 (http://www.miamidade.gov/elections/candidate.asp) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.
Political Committee Handbook (http://www.miamidade.gov/elections/pacs.asp) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by:

[Handwritten Signature]
Candidate / Chairperson Signature

Date:

9-28-12

Primary Telephone Number:

305-409-8717

Alternate Telephone Number:

E-mail address:

elvoceroneews@gmail.com

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**Campaign Treasurer's Report  
Miami-Dade County Electronic Filing Requirements**



Candidate (office sought): \_\_\_\_\_

Candidate's Florida Voter Registration Number: \_\_\_\_\_

Political Committee: A Stronger Miami

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

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

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I, Miguel Del Rivero  
(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, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Absentee Ballot Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engaged in absentee ballot activities.

Lastly, I understand that Section 2.69(e) of the Code of Miami-Dade County requires that candidates for Property Appraiser also fill out the Miami-Dade county Contributing Entity (MD-ED 19) form for every reporting period if contributions are received from a corporation incorporated under the laws of the State of Florida or any other state or any foreign country of any partnership or any other legal entity other than a natural person.

Signature of Candidate or Chairperson

9-28-16

Date

Day Time Telephone Number: 305-409-8717

Alternate Contact Number: \_\_\_\_\_

Email Address: elvoceronews@gmail.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.*