

**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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**2014 JUN -5 AM 8: 21**  
**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 Your Voice Matters	2. Telephone (305 ) 898-6357
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3. Name of Treasurer or Deputy Treasurer      4. Email (optional) Kavin Davis	5. Telephone (optional) (305 ) 898-6357
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6. Mailing Address  
18910 NW 9th Ave. Miami Gardens, FL 33169

7. Street Address  
Same as above

8. The following bank has been designated as the       Primary Depository       Secondary Depository

9. Name of Bank Bank of America	10. Street Address 18350 NW 9th Ave.
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11. City Miami Gardens	12. State FL	13. Zip Code 33169
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14. Signature of Chairman <b>X</b> 	15. Name of Chairman (Print or Type) Kavin Davis
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**Campaign Treasurer's Acceptance of Appointment**

I, Kavin Davis, do hereby accept the appointment as  
(Please Print or Type)

treasurer or deputy treasurer for Your Voice Matters  
(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.

6/3/14 Date      **X**  Signature of Campaign Treasurer or Deputy Treasurer

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**1. Full Name of Committee**

Your Voice Matters PAC

Telephone

305-898-6357

Mailing Address (include city, state and zip code)

18910 NW 9th Ave. Miami Garden, Fl. 33169

Street Address (include city, state and zip code)

Same as above

**2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)**

Name of Affiliated or Connected Organization	Mailing Address	Relationship
None		

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

To work with candidates and issues for the advancement of the residents in Miami Dade County.

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

Education

**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
Kavin Davis	18910 NW 9th Ave. Miami Gardens, Fl.33169	Treasurer

**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
Kavin Davis	18910 NW 9th Ave. Miami Gardens, Fl. 33169	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
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?**

Residual funds will be directed to nonprofits.

**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 America	18350 NW 2nd Ave Miami Gardens, Fl.33169

**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 Fl Miami Dade COUNTY

I, Kavin Davis, certify that the information in this Statement of

Organization is complete, true and correct.

**X** Kavin Davis  
Signature of Chairman of Political Committee

6/3/14  
Date

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**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 Kavin Davis		Telephone 305-898-6357
Street Address 18910 NW 9th Ave.		
City Miami Gardens	State Fl.	Zip Code 33169
Mailing Address Same as above		
City	State	Zip Code

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.



6/3/14

Signature of Registered Agent

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 Your Voice Matters PAC		
Street Address 18910 NW 9th Ave.		Telephone 305-898-6357
City Miami Gardens	State FL	Zip Code 33169



Signature of Chairperson

Kavin Davis

Printed Name of Chairperson

6/3/14

Date



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

Candidate/Chairperson:

Kavin

Davis

First Name

Middle Name

Last Name

Your Voice Matters PAC

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)
Political Committee Handbook (http://www.miamidade.gov/elections/pacs.asp)

Acknowledged by: [Signature] Candidate / Chairperson Signature

Date: 6/3/14

Primary Telephone Number: 305-898-6357

Alternate Telephone Number:

E-mail address: yourvoicemattermdc@gmail.com

RECEIVED 2014 JUN -5 AM 8:22 MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

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

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

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

Political Committee: Your Voice Matters PAC

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

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

I, Kavin Davis  
(Please print name of Candidate or Chairperson)

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

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.

                      6/3/14  
Signature of Candidate or Chairperson                      Date

Day Time Telephone Number: (305) 898-6357

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

Email Address: yourvoicemattersmdc@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.*