

**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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11 MAY -5 AM 11:25
**MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT**

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization MIAMI DADE CITIZENS FOR REAL REFORM	2. Telephone (305) 898-6357
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3. Name of Treasurer or Deputy Treasurer KAVIN DAVIS	4. Email (optional)	5. Telephone (optional) (305) 898-6357
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6. Mailing Address
18910 NW 9 AVE., MIAMI GARDENS, FL 33161

7. Street Address
18910 NW 9 AVE., MIAMI GARDENS, FL 33161

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 2nd Ave.
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11. City Miami Gardens	12. State FL	13. Zip Code 33169
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14. Signature of Chairman X <i>Kavin Davis</i>	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 **MIAMI DADE CITIZENS FOR REAL REFORM**
(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.**

05-04-11
Date

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

**ELECTIONEERING COMMUNICATION
STATEMENT OF ORGANIZATION**

(PLEASE TYPE)

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ELECTIONS DEPARTMENT

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1. Full Name of Organization

MIAMI DADE CITIZENS FOR REAL REFORM

Telephone

305-898-6357

Mailing Address (include city, state and zip code)

18910 NW 9 AVE., MIAMI GARDENS, FL 33169

Street Address (include city, state and zip code)

18910 NW 9 AVE., MIAMI GARDENS, FL 33169

2. Affiliated or Connected Organizations

Name of Affiliated or Connected Organization	Mailing Address	Relationship
NA	NA	NA

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
KAVIN DAVIS	18910 NW 9 AVE. MIAMI GARDENS, FL 33169	18910 NW 9 AVE. MIAMI GARDENS, FL 33169	CHAIRMAN & TREASURER

5. This Organization was formed (check applicable box): (Calendar quarters end the last day of March, June, September, and December.)

- As a newly created organization during the current calendar quarter.
 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
KAVIN DAVIS	18910 NW 9 AVE. MIAMI GARDENS, FL 33169	18910 NW 9 AVE. MIAMI GARDENS, FL 33169	CHAIRMAN & TREASURER

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

RETURNED TO CONTRIBUTORS PRO-RATA OR DONATED TO A 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
Bank of America	18350 NW 2 nd Ave. Miami Gardens, FL 33169

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
NA			

STATE OF FLORIDA 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 Top-ranking Principal Officer of Organization

05-04-11
Date

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

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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 9 AVE.**

City **MIAMI GARDENS** State **FL** Zip Code **33169**

Mailing Address **18910 NW 9 AVE.**

City **MIAMI GARDENS** State **FL** Zip Code **33169**

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.



05-04-11

Signature of Registered Agent

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
MIAMI DADE CITIZENS FOR REAL REFORM

Street Address **18910 NW 9 AVE.** Telephone **305-898-6357**

City **MIAMI GARDENS** State **FL** Zip Code **33169**

Committee or organization is registered with:

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



Signature of Chairperson

KAVIN DAVIS

05-04-11

Print Name of Chairperson

Date

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



Candidate/Chairperson:

KAVIN

DAVIS

First Name

Middle Name

Last Name

MIAMI DADE CITIZENS FOR REAL REFORM

Office Sought / Organization

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 checked="" 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: _____

Kari Davis

Candidate/Chairperson Signature

Date: _____

05-04-11

Phone No.: _____

305-898-6357

Fax No.: _____

E-mail address: _____

Kvdavis75@yahoo.com

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ELECTIONS DEPARTMENT

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



- Candidate (office sought): _____
- Political Committee: _____
- Party Executive Committee: _____
- Other: ELECTIONEERING COMMUNICATIONS ORGANIZATION

I, KAVIN DAVIS
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically in order to comply with the Miami-Dade County requirements.

Additionally, a hard copy of the Campaign Treasurer's Reports must be printed from the Miami-Dade County Elections Department website and submitted by the reporting deadline with original signatures.

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ELECTIONS DEPARTMENT

Kavin Davis _____ 05-04-11
Signature of Candidate or Chairperson Date

Day Time Telephone No: 305-898-6357

Email Address: Kw davis 75 @ yahoo. 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.