

**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 <i>Concerned Citizens</i>	2. Telephone <i>(305) 495 0012</i>
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3. Name of Treasurer or Deputy Treasurer <i>Jeffrey Garcia</i>	4. Email (optional) <i>()</i>
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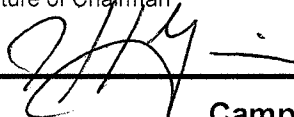
6. Mailing Address
1924 Ferdinand St. Coral Gables FL 33134

7. Street Address
1924 Ferdinand St. Coral Gables, FL 33134

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

9. Name of Bank <i>BB & T</i>	10. Street Address <i>Ponce De Leon</i>
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11. City <i>Coral Gables</i>	12. State <i>FL</i>	13. Zip Code <i>33134</i>
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14. Signature of Chairman <i>X</i> 	15. Name of Chairman (Print or Type) <i>Jeffrey Garcia</i>
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Campaign Treasurer's Acceptance of Appointment

I, *Jeffrey Garcia*, do hereby accept the appointment as
(Please Print or Type)

treasurer or deputy treasurer for *Concerned Citizens*
(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.

8/8/11 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

Concerned Citizens

305 495 0012

Mailing Address (include city, state and zip code)

1924 Ferdinand St. Coral Gables, FL 33134

Street Address (include city, state and zip code)

1924 Ferdinand St. 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

3. Area, Scope and Jurisdiction of the Committee

Miami Dade County

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

Community Preservation

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

Jeffrey Garcia

1924 Ferdinand St
Coral Gables, FL
33134

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
Jeffrey Garcia	1924 Ferdinand St. Coral Gables FL 33134	Chairman / Treasurer

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

8. List Any Issues this Committee is Supporting:
List Any Issues this Committee is Opposing:

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party

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

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

Name of Bank or Depository & Account Number	Mailing Address
BB & T 2000 Ponce De Leon Coral Gables, FL 33134	2000 Ponce De Leon Coral Gables, FL 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

STATE OF FL Miami Dade COUNTY

I, Jeffrey Garcia, certify that the information in this Statement of Organization is complete, true and correct.

X [Signature]
Signature of Chairman of Political Committee

8/8/11
Date

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 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

**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 Jeffrey Garcia Telephone 305 495 0012

Street Address 1924 Ferdinand St

City Coral Gables State FL Zip Code 33134

Mailing Address 1924 Ferdinand St.

City Coral Gables State FL Zip Code 331

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] Date 8/8/11
Signature of Registered Agent

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 Concerned Citizens

Street Address 1924 Ferdinand St. Telephone 305 495 0012

City Coral Gables State FL Zip Code 33134

[Signature]
Signature of Chairperson

Jeffrey Garcia Date 8/8/11
Printed Name of Chairperson

