APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR

POLITICAL COMMITTEES

(Sections 106.011(1) and 106.021(1), F.S.)

RECEIVED

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FLECTIONS DEPARTS TO

CHECK APPROPRIATE BOX:		······································	OFFICE USE ONLY
Original Appointment of Treasurer Reappoin	ntment of Treasurer		Deputy Treasurer
Committee or Organization		2. Telephone	
Concerned Citizens		(305) 49	5 0012
Name of Treasurer or Deputy Treasurer 4. Email (optional)	1)	5. Telephone (c	optional)
Jeffrey Garcia	A	()	
6. Mailing Address			
1924 Ferdinand St	CoralG	ables FL	33134
7. Street Address		•	
1924 Ferdinand St	Coral	Gables,	FL 33134
8. The following bank has been designated as the Prin	mary Depository	Seconda	ry Depository
9. Name of Bank	10. Street Address		
BB & T	Ponce Deleon		
11. City Coral Gables	12. State	=_	13. Zip Code 33134
14. Signature of Chairman	15. Name of Chain	man (Print or Type	e)
X () HY	Jeffi	rey Gar	cia
Campaign Treasurer's Acceptance of Appointment			
I,			
(Please Plint or Type) treasurer or deputy treasurer for Concerned Citizens			
**************************************	Committee or Organiza		•
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STAVED, ARE TRUE.			
1 1	$\bigcap L$	11.	
8/8/1/ Date X	Signature of Campa	ign Treasurer or I	Deputy Treasurer

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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		MIAMITALIF COLDS Y	
1. Full Name of Committee		FLECT ON LEOPERAGE TO THE	
Concern	ned Citizens	305 495 0012	
Mailing Address (include cit	y, state and zip code)		
		·	
1924	Ferdinand St. Cor	al Gables 12 33134	
Street Address (include city,		• .	
1924 Ferdinand St. Cool Gables FL 33134			
Affiliated or Connected Or committees)	rganizations (includes other committees of co	ontinuous existence and political	
Name of Affiliated or Connected Organization	Mailing Address	Relationship	
· ·			
·			
3. Area, Scope and Jurisdict	ion of the Committee		
Miami	Dade Country		
4. Nature of Organization or	Organization's Special Interes (e.g., medical	, legal, education, etc.)	
Communit	y Preservation	,	
5. Identify by Name, Address	and Position, the Custodian of Books and A	ccounts (include treasurer's name)	
Full Name	Mailing Address	Committee Title or Position	
Teffrey Corria	1924 Ferdinand St	Trensures	
•	Coral Galles, FL		
	33134		
1			

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 Add	Mailing Address		Committee Title or Position	
Jeffry barrie	a 1924 Ferdina Corul Guables	1924 Ferdinand St. Corel Casks FL33134		Chenral Treasure	
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	Mailing Address Office Sought Party			
O List Asylanda this Co	and the size Commonting		n 7	2011 A	
8. List Any Issues this Co	ommittee is Supporting:		Ō.		
List Any Issues this Co	ommittee is Opposing:		TIONS DEP		
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 Depos	sitories Used for Cor	nmittee Funds		
Name of Bank or Dep	Name of Bank or Depository & Account Number Mailing Address				
BB & T 2000 Porce De	BAT DOD Porce Deleon Coral Gables, FL 33134 Coral Gables, FL 33134			eon 22/2l	
2000 Porce Deheon Coral Gables, FL 33134 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 M	ailing Address	
STATE OFFL		M	iani Da	Le COUNTY	
1, Jef	frey acrain	, certify that the inf	formation in this S	tatement of	
Organization is complete, true and correct.					
X Signature of C	Chairman of Political Committee		8/8/1 Dat	re l	

REGISTERED AGENT STATEMENT OF APPOINTMENT

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(Section 106.022, F.S.)				
		201 AUG -8 PH 5: 1		
Original Appointment Change of Appoin	ntment	MIAMI-DADE COUNTY		
Change of Mailing Address Change of Physic	al Address			
Registered Ag	ent and Office Information			
Name Jeffrey Cacrila Street Address 1924 F		Telephone 305 495 0012		
Street Address J 1924 F	edinand st			
City Coral Cables	State F C	Zip Code 33134		
Mailing Address 1924 Ferdira	nd St.			
City Coral Casles	State FL	Zip Code 33/		
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				
Former Registered Agent a		r changes only)		
Name	ind Office information (10	Telephone		
Trume		relephone		
Street Address				
City		Zip Code		
Committee or Organization Information				
Name of Committee or Organization				
Concerned C	itizens			
Street Address 1924 Ferdina	nd St.	Telephone 385 495 00 12		
City Coral Gables	State FL	Zip Code 33134		
Signature of Chajrperson Jeffrey Garcia		/3 /, 1		
Printed Name of Chairnerson	Dato			

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



Candidate/Chairperson:				
Jeffrey First Name	Middle Na	ime	Last	Name
Conre	mod	Cifize	∽ .5	
Office S	Sought / Or	ganization		
his 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				
Miami-Dade County Qualifying Handbook				2011
Committee Handbook		Ø		
Electioneering Committee Handbook				
	!) ;		PR S. S.
	\sim $/$	M.		
eceived by:	-///	4	e se	
	ndidate/Ch	airperson Sigr	nature	
ate: <u>2/8///</u>				
none No.: 305 495 08	0/)- Fax	No.:		
mail address: jeftregga	s chale	gaha	o. Long	·

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



☐ Candidate (office sought):	
Political Committee:	
☐ Party Executive Committee:	=
Other:	70 - 8 F
	FRECOUNT ST.
1, Jeffren	Carra diste or Chairperson)
understand that Campaign Treasurer's Report comply comply with the Miami-Dade County requal Additionally, a hard copy of the Campaign Transmi-Dade County Elections Department with original signatures.	ts must be filed electronically in order to quirements. reasurer's Reports must be printed from the
Signature of Candidate or Chairpers	on Date
Day Time Telephone No:3	495 0012
Day Time Telephone No: 305 Email Address:	ygarcia @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.