

**ELECTIONEERING COMMUNICATION
STATEMENT OF ORGANIZATION**

(PLEASE TYPE)

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MIAMI-DADE
ELECTIONS

OFFICE USE ONLY

1. Full Name of Organization

Get It Done

Telephone

305-244-8342

Mailing Address (include city, state and zip code)

2121 SW 13 Avenue, Miami, FL 33145

Street Address (include city, state and zip code)

2121 SW 13 Avenue, Miami, FL 33145

2. Affiliated or Connected Organizations

Name of Affiliated or Connected Organization	Mailing Address	Relationship
None		

3. Area, Scope and Jurisdiction of the Organization

Miami-Dade County, Florida

4. Identify by Name, Address & Position, the Custodian of Books & Accounts for the Organization

Full Name	Mailing Address	Street Address	Title or Position
Pedro Diaz	2121 SW 13 Avenue, Miami, FL 33145	2121 SW 13 Avenue, Miami, FL 33145	Chairman and 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
Pedro Diaz	2121 SW 13 Avenue, Miami, FL 33145	2121 SW 13 Avenue, Miami, FL 33145	Chairman and Treasurer

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

Donation to a 501(c)(3) organization

8. List All Banks, Safety Deposit Boxes, or Other Depositories Used by this Organization for Electioneering Communications

Name of Bank or Depository	Mailing Address
Wells Fargo	1699 Coral Way, Miami, FL 33145

9. List All Reports Required to be Filed by this Organization with Federal Officials, & the Names, Addresses, & Positions of Such Officials, If Any

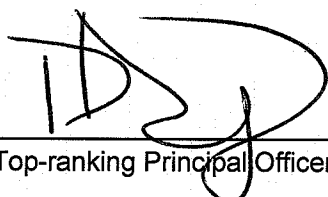
Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
None			

STATE OF Florida

Miami-Dade COUNTY

I, Pedro Diaz, certify that the information in this Statement of

Organization is complete, true, and correct.

X 
 Signature of Top-ranking Principal Officer of Organization

Oct 19, 2011
 Date

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

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

Registered Agent and Office Information

Name: **Pedro Diaz** Telephone: **305-244-8342**

Street Address: **2121 SW 13 Avenue**

City: **Miami** State: **FL** Zip Code: **33145**

Mailing Address: **2121 SW 13 Avenue**

City: **Miami** State: **FL** Zip Code: **33145**

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.



OCT 19, 2011

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: **Get It Done, a Electioneering Communication Organization**

Street Address: **2121 SW 13 Avenue** Telephone: **305-244-8342**

City: **Miami** State: **FL** Zip Code: **33145**



Signature of Chairperson

Pedro Diaz

OCT 19, 2011

Printed Name of Chairperson

Date

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



Candidate/Chairperson:

Pedro

Diaz

First Name

Middle Name

Last Name

Get It Done, an Electioneering Communication Organization

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 type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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ELECTIONS

Received by: _____

Candidate/Chairperson Signature

Date: _____

OCT 19, 2011

Phone No.: _____

305-244-8342

Fax No.: _____

E-mail address: _____

Get It Done @ Diaz PR Group.com

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



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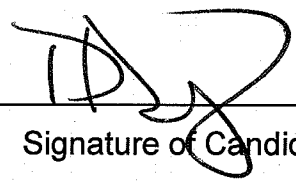
MIAMI-DADE
ELECTIONS

- Candidate (office sought): _____
- Political Committee: _____
- Party Executive Committee: _____
- Other: Get It Done, an Electioneering Communications Organization

I, Pedro Diaz
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically in order to comply with 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.

 Oct 19, 2011
Signature of Candidate or Chairperson Date

Day Time Telephone No: 305 244 0342

Email Address: Get It Done @ Diaz PR Group.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.