

**STATE OF FLORIDA  
APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR POLITICAL COMMITTEES  
AND ELECTIONEERING COMMUNICATION  
ORGANIZATIONS**  
(Sections 106.011(1) & 106.021(1), F.S.)

(PLEASE TYPE)

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MIAMI DADE COUNTY  
ELECTIONS DEPARTMENT

**CHECK APPROPRIATE BOX:**

Original Appointment     Deputy Treasurer     Reappointment of Treasurer     Secondary Depository

1. Committee or Electioneering Communication Organization Name Cutler PAC	2. Mailing Address 8605 Franjo Road
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Telephone (optional) 305-233-9446	3. City Miami	4. County Miami-Dade	5. State FL	6. Zip Code 33189
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The following person has been appointed to serve as  Campaign Treasurer     Deputy Treasurer    for the above named committee.

7. Name of Treasurer or Deputy Treasurer John N. Sykes	8. Street Address 8605 Franjo Road
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9. City Miami	10. County Miami-Dade	11. State FL	12. Zip Code 33189
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I have designated the following named bank as my  Primary Depository     Secondary Depository

13. Bank Name (include account number) SOFISA Bank of Florida	14. Street Address 20351 Old Cutler Road
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15. City Miami	16. County Miami-Dade	17. State FL	18. Zip Code 33189-1831
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19. Name of Chairman Louise Lockwood	20. Signature of Chairman <b>X</b> <i>Louise J. Lockwood</i>
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**Campaign Treasurer's Acceptance of Appointment**

I, John N. Sykes, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer     Deputy Treasurer    for the Cutler PAC

Committee or Organization. As a duly registered voter in Miami-Dade County, Florida, I am qualified to accept this appointment.

**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.**

8/22/05  
Date

**X** *[Signature]*  
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF ORGANIZATION  
OF POLITICAL COMMITTEE**

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MIAMI DADE COUNTY  
ELECTIONS DEPARTMENT

1. Full Name of Committee Cutler PAC	Date 8/22/05
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Mailing Address (if post office box or drawer, please add street address) 8605 Franjo Road	Telephone (305 ) 233-9446
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City Miami	County Miami-Dade	State FL	Zip Code 33189
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**2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)**

Name of Affiliated or Connected Organization	Mailing Address	Relationship
None	N/A	N/A

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

Promote the incorporation of the Cutler Ridge area

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

Support the incorporation and formation of a city.

**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
John N. Sykes	8605 Franjo Road Miami, FL 33189	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
Louise Lockwood	9071 Ridgeland Dr. Miami, FL 33157	Chairperson

**7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting**

Full Name	Mailing Address	Office Sought	Party
None	N/A	N/A	-

**8. List Any Issues this Committee is Supporting:** The incorporation of the Cutler Ridge area.  
**List Any Issues this Committee is Opposing:** none

**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?**  
 Gift to Charity 501(C) (3)

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

Name of Bank or Depository & Account Number	Mailing Address
SOFISA Bank of Florida	20351 Old Cutler Road Miami, FL 33189-1831

**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
None	N/A	N/A	N/A

STATE OF Florida COUNTY Miami-Dade

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

**X** Louise J. Lockwood  
 Signature of Chairman of Political Committee

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 ELECTIONS DEPARTMENT

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN **74-3151082**  
 OMB No. 1545-0003

▶ See separate instructions for each line. ▶ Keep a copy for your records.

<b>Type or print clearly.</b>	<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested <b>Cutler PAC</b>	
	<b>2</b> Trade name of business (if different from name on line 1) <b>N/A</b>	<b>3</b> Executor, trustee, "care of" name <b>N/A</b>
	<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box) <b>8605 Franjo Road</b>	<b>5a</b> Street address (if different) (Do not enter a P.O. box.) <b>N/A</b>
	<b>4b</b> City, state, and ZIP code <b>Miami, FL 33189</b>	<b>5b</b> City, state, and ZIP code <b>N/A</b>
	<b>6</b> County and state where principal business is located <b>Miami-Dade, FL</b>	
	<b>7a</b> Name of principal officer, general partner, grantor, owner, or trustor <b>John N. Sykes</b>	<b>7b</b> SSN, ITIN, or EIN <b>261-66-5816</b>

**8a Type of entity** (check only one box)

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> Corporation (enter form number to be filed) ▶	<input type="checkbox"/> Trust (SSN of grantor)
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military
<input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ <b>Political Action Comm.</b>	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises
<input type="checkbox"/> Other (specify) ▶	Group Exemption Number (GEN) ▶

**8b** If a corporation, name the state or foreign country (if applicable) where incorporated

State <b>N/A</b>	Foreign country <b>N/A</b>
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**9 Reason for applying** (check only one box)

<input type="checkbox"/> Started new business (specify type) ▶	<input checked="" type="checkbox"/> Banking purpose (specify purpose) ▶ <b>Political Action Committee</b>
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Created a trust (specify type) ▶
	<input type="checkbox"/> Created a pension plan (specify type) ▶

**10** Date business started or acquired (month, day, year)  
**8/22/05**

**11** Closing month of accounting year

**12** First date wages or annuities were paid or will be paid (month, day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ▶ **N/A**

**13** Highest number of employees expected in the next 12 months. **Note:** If the applicant does not expect to have any employees during the period, enter "-0-." . . . . . ▶

Agricultural <b>0</b>	Household <b>0</b>	Other <b>0</b>
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**14** Check **one** box that best describes the principal activity of your business.

<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other
			<input checked="" type="checkbox"/> Other (specify) <b>Promote Incorporation &amp; form a city</b>	<input type="checkbox"/> Retail

**15** Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.  
**Political Action Committee**

**16a** Has the applicant ever applied for an employer identification number for this or any other business? . . . . .  **Yes**  **No**  
**Note:** If "Yes," please complete lines 16b and 16c.

**16b** If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.  
 Legal name ▶ **Citizens for Cutler Ridge Area Incorporation** Trade name ▶ **(same)**

**16c** Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

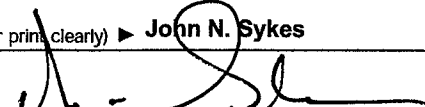
Approximate date when filed (mo., day, year) <b>6/7/02</b>	City and state where filed <b>Miami, Florida</b>	Previous EIN <b>81-0555277</b>
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**Third Party Designee**

Designee's name	Designee's telephone number (include area code) ( )
Address and ZIP code	Designee's fax number (include area code) ( )

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **John N. Sykes**

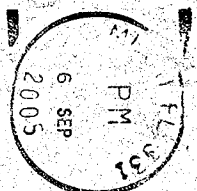
Signature ▶  Date ▶ **8/22/05**

Applicant's telephone number (include area code)  
( )

Applicant's fax number (include area code)  
( )

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Cutler PAC  
8605 Franjo Road  
Miami, FL 33189



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MIAMI DADE COUNTY  
ELECTIONS DEPARTMENT

Supervisor of Elections, Miami-Dade County  
2700 NW 87th Street  
Miami, FL 33172

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