

**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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2005 APR 17 AM 12:08

MIAMI DADE COUNTY  
ELECTIONS DEPARTMENT

MIAMI DADE COUNTY  
ELECTIONS DEPARTMENT

2005 APR 19 PM 2:43

RECEIVED

**CHECK APPROPRIATE BOX:**

Original Appointment     Deputy Treasurer     Reappointment of Treasurer     Secondary Depository

1. Committee or Electioneering Communication Organization Name  
NORTH CENTRAL STEERING COMMITTEE

2. Mailing Address  
8951 NE 8TH AVENUE

Telephone (optional)  
305-691-4303

3. City  
MIAMI

4. County  
DADE

5. State  
FL

6. Zip Code  
33150

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  
MACK SAMUEL

8. Street Address  
8951 NW 8TH AVENUE

9. City  
MIAMI

10. County  
DADE

11. State  
FL

12. Zip Code  
33150

I have designated the following named bank as my  Primary Depository     Secondary Depository

13. Bank Name (include account number)  
WACHOVIA BANK 2000022362436

14. Street Address  
9301 NW 7TH AVENUE

15. City  
MIAMI

16. County  
DADE

17. State  
FL

18. Zip Code  
33150

19. Name of Chairman  
MACK SAMUEL

20. Signature of Chairman  
X 

**Campaign Treasurer's Acceptance of Appointment**

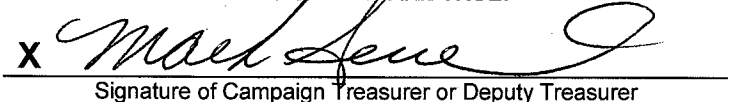
I, MACK SAMUEL, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer     Deputy Treasurer    for the NORTH CENTRAL STEERING COMMITTEE

Committee or Organization. As a duly registered voter in 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.**

4-12-05  
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			Date
NORTH CENTRAL STEERING COMMITTEE			4/12/05
Mailing Address (if post office box or drawer, please add street address)			Telephone
8951 NW 8TH AVENUE			(305 ) 691-4303
City	County	State	Zip Code
MIAMI	DADE	FL	33150

2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

Name of Affiliated or Connected Organization	Mailing Address	Relationship
N/A	N/A	N/A

3. Area, Scope and Jurisdiction of the Committee

NORTH CENTRAL STEERING COMMITTEE TO INCORPORATE AREA INTO A CITY.

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

VOTERS' RIGHTS TO CHOOSE THEIR FUTURE.

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
MACK SAMUEL	8951 NW 8TH AVENUE MIAMI, FL 33150	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
MACK SAMUEL	8951 NW 8TH AVENUE MIAMI, FL 33150	CHAIRMAN

**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

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 ELECTIONS DEPARTMENT

**8. List Any Issues this Committee is Supporting:** CITIZEN'S RIGHT TO VOTE FOR CITY IN NORTH CENTRAL AREA.

**List Any Issues this Committee is Opposing:**

**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?**

DONATED TO ANOTHER NON-PROFIT ORGANIZATION

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

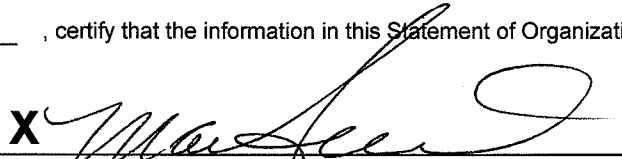
Name of Bank or Depository & Account Number	Mailing Address
WACHOVIA 2000022362436	9301 NW 7TH AVENUE MIAMI, FL 33150

**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 FLORIDA COUNTY DADE

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

  
 X \_\_\_\_\_  
 Signature of Chairman of Political Committee