

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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MIAMI-DADE
ELECTIONS

1. Full Name of Committee

Imagine Miami PAC

Telephone

305-856-0440

Mailing Address (include city, state and zip code)

145 S.E. 25th Road, Apt #1102, Miami, FL 33129

Street Address (include city, state and zip code)

145 S.E. 25th Road, Apt #1102, Miami, FL 33129

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship
Imagine Miami, Inc.	145 S.E. 25th Road, Apt #1102 Miami, FL 33129	Associated not-for-profit corporation engaged in charitable and civic work.

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.)

Political and legislative issues of local concern including but not limited to affordable housing, mass transit, transportation infrastructure and Miami-Dade County Carter Reform.

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
Carlos M. Trueba, CPA	1985 N.W. 88th Court Suite #101 Doral, FL 33172	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
Xavier L. Suarez	145 SE 25 Road, #1102, Miami, FL 33129	President / Chairperson
Andrew Suarez	8280 SW 86 Street, Miami FL 33129	Vice-President

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
None			

8. List Any Issues this Committee is Supporting: Affordable housing, mass transit, transportation infrastructure and Miami-Dade Charter reform.
 List Any Issues this Committee is Opposing: None at present

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?
Any funds remaining after paying all costs associated with the winding down of the committee will be either contributed to eligible charities or reimbursed to contributors on a pro-rata basis as permitted by law.

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds	
Name of Bank or Depository & Account Number	Mailing Address
City National Bank	13780 SW 88th Street Miami, FL 33186

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
N/A			

STATE OF Florida Miami-Dade COUNTY

I, Xavier L. Suarez, certify that the information in this Statement of Organization is complete, true and correct.

X  Signature of Chairman of Political Committee

11/09/11 Date

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**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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CHECK APPROPRIATE BOX:

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Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization Imagine Miami, PAC	2. Telephone (305) 856-0440
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3. Name of Treasurer or Deputy Treasurer Carlos M. Trueba, CPA	4. Email (optional) ctrueba@rtc-cpa.com	5. Telephone (optional) (305) 593-2644
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6. Mailing Address
1985 N.W. 88th Court, Suite #101, Doral, FL 33172

7. Street Address
1985 N.W. 88th Court, Suite #101, Doral, FL 33172

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

9. Name of Bank City National Bank	10. Street Address 13780 SW 88th Street
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11. City Miami	12. State Florida	13. Zip Code 33186
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14. Signature of Chairman 	15. Name of Chairman (Print or Type) Xavier L. Suarez
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Campaign Treasurer's Acceptance of Appointment

I, Carlos M. Trueba, CPA, do hereby accept the appointment as
(Please Print or Type)

treasurer or deputy treasurer for Imagine Miami, PAC
(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.

11-10-11

Date



Signature of Campaign Treasurer or Deputy Treasurer

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



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- Candidate (office sought): _____
- Political Committee: _____ Imagine Miami, PAC
- Party Executive Committee: _____
- Other: _____

I, Xavier L. Suarez, Chairperson
(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.

 _____ 11/09/11
Signature of Candidate or Chairperson Date

Day Time Telephone No: 305-593-2644 ext 107

Email Address: cpazos@rtc-cpa.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.

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



Candidate/Chairperson:

Xavier	L.	Suarez
First Name	Middle Name	Last Name

Imagine Miami, PAC

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"/>	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED 2011 NOV -3 AM 9:28 MIAMI-DADE ELECTIONS </div>
Miami-Dade County Qualifying Handbook		<input type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Received by: Candidate/Chairperson Signature

Date: Oct. 26, 2011

Phone No.: (305) 496-8484

Fax No.: (305) 856-0440

E-mail address: XavierSuarezEsq@aol.com

**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 Xavier L. Suarez Telephone 305-856-0440


Street Address
145 SE 25th Road, Apt #1102

City Miami State Florida Zip Code 33129

Mailing Address
145 SE 25th Road, Apt #1102

City Miami State Florida Zip Code 33129

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.

 11/11/11
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
Imagine Miami PAC

Street Address 145 SE 25th Road, Apt #1102 Telephone 305-593-2644

City Miami State Florida Zip Code 33129


Signature of Chairperson

Xavier L. Suarez
Printed Name of Chairperson

11/11/11
Date

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