

**ELECTIONEERING COMMUNICATION
STATEMENT OF ORGANIZATION**

(PLEASE TYPE)

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MIAMI-DADE
ELECTIONS

OFFICE USE ONLY

1. Full Name of Organization

Citizens for A Safer Miami Dade

Telephone

Mailing Address (include city, state and zip code)

11470 SW 50 Terrace, Miami , FL, 33165

Street Address (include city, state and zip code)

11470 SW 50 Terrace, Miami , FL, 33165

2. Affiliated or Connected Organizations

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

3. Area, Scope and Jurisdiction of the Organization

Miami-Dade County

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

| Full Name | Mailing Address | Street Address | Title or Position |
|--------------------|---|---|-----------------------------------|
| Cristina C. Boitel | 11470 SW 50 Terrace, Miami , FL, 33165 | 11470 SW 50 Terrace, Miami , FL, 33165 | Treasurer and Registered Agent |

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 |
|--------------------|--|--|-------------------|
| Cristina C. Boitel | 11470 SW 50 Terrace, Miami, FL, 33165 | 11470 SW 50 Terrace, Miami, FL, 33165 | Chair |

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

Returned to contributors pro-rata or donated to 501(c) (3)

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

| Name of Bank or Depository | Mailing Address |
|-------------------------------------|--|
| Bank Atlantic Account Number TBD | 2375 Southwest 122nd Avenue Miami, FL 33175 |

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 |
|--------------|----------------------------|-----------------------------|-----------------|
| N/A | | | |

STATE OF FLORIDA

MIAMI DADE COUNTY

I, Cristina C. Boitel, certify that the information in this Statement of

Organization is complete, true, and correct.

X C. Boitel

Signature of Top-ranking Principal Officer of Organization

6/22/2012
Date

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR
POLITICAL COMMITTEES**
(Sections 106.011(1) and 106.021(1), F.S.)

RECEIVED

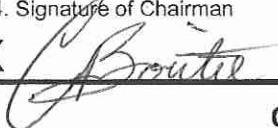
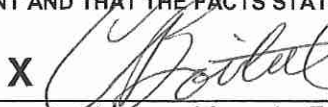
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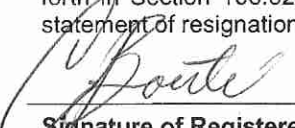
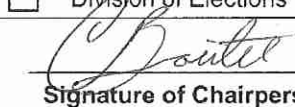
MIAMI-DADE
ELECTIONS

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

☒ Original Appointment of Treasurer ☐ Reappointment of Treasurer ☐ Deputy Treasurer

| | | | |
|--|--|---|-----------------------|
| 1. Committee or Organization Citizens for A Safer Miami Dade | | 2. Telephone - | |
| 3. Name of Treasurer or Deputy Treasurer Cristina C. Boitel | | 4. Email (optional) (| |
| 5. Telephone (optional) | | | |
| 6. Mailing Address 11470 SW 50 Terrace, Miami FL, 33165 | | | |
| 7. Street Address 11470 SW 50 Terrace, Miami FL, 33165 | | | |
| 8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository | | | |
| 9. Name of Bank Bank Atlantic | | 10. Street Address 2375 Southwest 122nd Avenue | |
| 11. City Miami | | 12. State FL | 13. Zip Code 33175 |
| 14. Signature of Chairman  | | 15. Name of Chairman (Print or Type) Cristina C. Boitel | |
| Campaign Treasurer's Acceptance of Appointment | | | |
| I, <u>Cristina C. Boitel</u> , do hereby accept the appointment as | | | |
| (Please Print or Type) | | | |
| treasurer or deputy treasurer for <u>Citizens for A Safer Miami Dade</u> | | | |
| (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. | | | |
| <u>6/22/2012</u> Date | |  Signature of Campaign Treasurer or Deputy Treasurer | |

| REGISTERED AGENT STATEMENT OF APPOINTMENT (Section 106.022, F.S.) | | OFFICE USE ONLY 2012 JUN 25 PM 2:23 MIAMI-DADE ELECTIONS | |
|---|-----------------|---|--|
| <input checked="" type="checkbox"/> Original Appointment <input type="checkbox"/> Change of Appointment <input type="checkbox"/> Change of Mailing Address <input type="checkbox"/> Change of Physical Address | | | |
| Registered Agent and Office Information | | | |
| Name Cristina C. Boitel | | Telephone | |
| Street Address 11470 SW 50 Terrace | | | |
| City Miami | State FL | Zip Code 33165 | |
| Mailing Address 11470 SW 50 Terrace | | | |
| City Miami | State FL | Zip Code 33165 | |
| 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 Division of Elections. | | | |
| Signature of Registered Agent  | | Date 6/22/2012 | |
| 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 Citizens for A Safer Miami Dade | | | |
| Street Address 11470 SW 50 Terrace | | Telephone | |
| City Miami | State FL | Zip Code 33165 | |
| Committee or organization is registered with: | | | |
| <input type="checkbox"/> Division of Elections <input checked="" type="checkbox"/> County Miami Dade Elections <input type="checkbox"/> City _____ | | | |
| Signature of Chairperson  | | Date 6/22/2012 | |
| Cristina C. Boitel | | | |
| Print Name of Chairperson | | | |