APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR POLITICAL COMMITTEES

(Sections 106.011(1) and 106.021(1), F.S.)

REGEIVED

2015 APR 24 AM 10: 18

MIAMI-DADE ELECTIONS

Signature of Campaign Treasurer or Deputy Treasurer

CHECK APPROPRIATE BOX:			OFFICE USE ONLY	
Original Appointment of Treasurer Reappoin	tment of Treasurer		Deputy Treasurer	
Committee or Organization		2. Telephone		
Concerned Citizens of South Western Miami-Dade County		(305) 593-2644		
Name of Treasurer or Deputy Treasurer 4. Email (optional))	5. Telephone (optional)		
Jarnette G. Rodriguez cpazos@rtc-cpa	.com	(305) 593-2644		
6. Mailing Address 1985 NW 88th Court Suite 101 Do	ral, FL 331	72		
7. Street Address 1985 NW 88th Court Suite 101 I	Doral, FL	33172		
8. The following bank has been designated as the Prin	nary Depository	Secondar	ry Depository	
9. Name of Bank	10. Street Address			
City National Bank of Florida 8725 NW 1			ice	
11. City	12. State		13. Zip Code	
Miami	Flori	da	33172	
14. Signature of Chairman	15. Name of Chair		e)	
Campaign Treasurer's Ac	ceptance of A		,	
(Please Print or Type)		, do hereb	y accept the appointment as	
treasurer or deputy treasurer for Concerned Citize			-Dade County .	
, · · · · · · · · · · · · · · · · · · ·	Committee or Organiz	ation)		
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE BEAD THE FOREGOING CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.				
4 04/15 X	Multoa	(40)		

Date

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

RECEIVED

2015 APR 24 AM 10: 18

MIAMI-DADE ELECTIONS

		34 34 3 10 4 3 11 4 3 11 4 3 11				
Full Name of Committee Concerned Citizens of South Western Miami-Dade County			Telephone 305-539-2644			
Mailing Address (include city 1985 NW 88th Court Suite	v, state and zip code) e 101, Doral, Florida 33172					
Street Address (include city, 1985 NW 88th Court Suite	state and zip code) e 101, Doral, Florida 33172					
Affiliated or Connected Or committees)	ganizations (includes other committees of con	tinuous ex	istence and political			
Name of Affiliated or Connected Organization	Mailing Address	Mailing Address				
N/A	N/A		N/A			
2	90 to 100					
3. Area, Scope and Jurisdiction of the Committee Issue and Candidate PC Miami-Dade County and the City of Sweetwater, Florida						
4. Nature of Organization or	Organization's Special Interest (e.g., medical, I	egal, educ	ation, etc.)			
Preserving Quali	ty of Life in South Western	Miam	i-Dade County			
5. Identify by Name, Address	and Position, the Custodian of Books and Ac	counts (inc	clude treasurer's name)			
Full Name	Mailing Address	Com	Committee Title or Position			
Jarnette G. Rodriguez	1985 NW 88th Court Suite 101 Doral, FL 33172	Treasure	er			

Full Name	Mailing Addr	ess	Cor	Committee Title or Position	
Carlos Trueba	1985 NW 88th Court Suite Florida 33172	9 101, Doral,	Chairman		
JC Planas, Esq.	18851 NE 29 Avenue, Sui Florida, 33180	te 303, Aventura,	Registered Agent		
	Office Sought and Party Affili ng (if none, please indicate)	ation Each Candida	ate or Oth	er Individual that this	
Full Name	Mailing Address	Office	Sought	Party	
Manuel Duasso Prisca Barretto	621 sw 104 Ave, Sweetwater 10851 sw 2 st., K303 10311 sw 5 st., Sweetwater 10949 sw 3 st., Sweetwater	Mayor City Council, G City Council, G City Council, G	roup 6	n/a n/a n/a n/a	
8. List Any Issues this Co	mmittee is Supporting: to be o	determined			
List Any Issues this Co	mmittoo is Opposing:	determined			
9. If this Committee is Su n/a	pporting the Entire Ticket of a	Party, Give Name o	f Party		
	ution, What Disposition will be (c)(3) charitable or		Funds?		
11. List all Banks, Safety	Deposit Boxes, or Other Depos	sitories Used for Co	ommittee	Funds	
Name of Bank or Dep	ository & Account Number	Mailing Address		Address	
City National Bank of F	lorida	8725 NW 18 Terrace Miami, FL 33172			
12. List all Reports Requi and Positions of Suc	red to be Filed by this Commit n Officials, If Any	tee with Federal Of	ficials and	d the Names, Addresses	
Report Title	Dates Required to be Filed	Name & Position of	of Official	Mailing Address	
SS4 Form 8871 Form 1120 POL	Upon Formation Upon Formation March 15, Annually May 15, Annually	Internal Revenu Service	ie	Ogden, UT 84201	
Form 990					
STATE OF Florida		Miam	i-Dade	COUNTY	
Flowida		Shorty Jakilide	-	COUNTY	
STATE OF Florida	rue and correct.		information		

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

	Candidate (office sought):	<u> </u>		
	Candidate's Florida Voter Registration Number: Concerned Citizens of S.W. Miami-Dade (Political Committee:	County	/	
	Party Executive Committee:		2	my g
	Other:	EMA	APR	REC
l,	Carlos Trueba	MI-DADE CTIONS	24 AM 10:	EIVED
un	(Please print name of Candidate or Chairperson) Iderstand that Campaign Treasurer's Reports must be filed electrol Indervisor of Elections website by midnight of the day designated in or			
21 re _l	th Miami-Dade County requirements. I also acknowledge that Sections of the Code of Miami-Dade County regarding the filing of the camports with the Supervisor of Elections were recently amended in that ardcopies are no longer required.	npaign	finance)
Co Co mi	also understand that, in accordance with Section 12-14.1 of the Code county, Florida, candidates running for the Offices of Miami-Dade Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Communications of the Absentee Ballot Campaign Report (MD-ED 26) to disclerate campaign workers engaged in absentee ballot activities.	County	Mayor, Counci	ĺ
	4/	24/	15	
	Signature of Candidate or Chairperson	ate	**************************************	
Da	305-593-2644 ay Time Telephone Number:			
	ternate Contact Number:ctrueba@rtc-cpa.com mail Address:	***************************************		

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.



Access to Handbook and the Election Laws of the State of Florida

RECEIVED

2015 APR 24 AM 10: 18 MIAMI-DADE Candidate/Chairperson: FIFCTIONS Carlos Trueba First Name Middle Name Last Name Concerned Citizens of South Western Miami-Dade County Office Sought / Organization I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade **County Elections Department Website:** Candidate Qualifying Handbook (http://www.miamidade.gov/elections/candidate.asp) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes. Political Committee Handbook (http://www.miamidade.gov/elections/pacs.asp) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures. Important Committee Information, and Recent Legislative Changes. Acknowledged by: Candidate / Chairperson Signature 4/24/15 Date: 305-593-2644 Primary Telephone Number: Alternate Telephone Number: ctrueba@rtc-cpa.com

E-mail address: