STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI-D ADE

1. Full Name of Committee CITIZENS FOR EXCELL	Telephone 305-529-5440		
Mailing Address (include city, state and zip code) 2600 DOUGLAS ROAD SUITE 800 CORAL GABLES, FL 33134			
Street Address (include city, state and zip code) 2600 DOUGLAS ROAD SUITE 800 CORAL GABLES, FL 33134			
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	
NONE			
3. Area, Scope and Jurisdicti MIAMI-DADE COUNTY	on of the Committee		
	Organization's Special Interest (e.g., medical, le ENTAL POLICY EDUCATION	egal, educa	ation, etc.)
5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)			
Full Name	Mailing Address	Com	mittee Title or Position
CARLOS M TRUEBA	2600 DOUGLAS ROAD SUITE 800 CORAL GABLES, FL 33134	Т	REASURER

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 Add	Mailing Address		Committee Title or Position		
ROLAND SANCHEZ-MEDINA	SUITE 1205	201 ALHAMBRA CIRCLE		CHAIRMAN		
7. List by Name, Address, Committee is Supporti	Office Sought and Party Affiling (if none, please indicate)	ation Each Candida	te or Oth	er Individ	dual that this	
Full Name	Mailing Address	Office	Sought		Party	
NONE					2019 FEB	TO TO
8. List Any Issues this Co	mmittee is Supporting: NON	E			9	iti
List Any Issues this Co	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? RESIDUAL FUNDS WILL BE GIVEN TO CHARITABLE ORGANIZATIONS 501(C)3						
11. List all Banks, Safety	11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds					
Name of Bank or Depository & Account Number Mailing Address						
Bank United		2159 Coral Way Miami, FL 33145				
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	f Official	Ma	ailing Address	
FORM 1120POL	ANNUALY	INTERNAL REV SERVICE	ΊΕ	OGDE	N, UT 8420	1
STATE OF FLORIDA MIAMI-DADE COUNTY						
I, ROLAND SANCHEZ-MEDINA , certify that the information in this Statement of Organization is complete, true and correct.						
X Signature of Chairman of Political Committee Date						

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

(Sections 106.011(2) and 106.021(1), F.S.)

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CHECK APPROPRIATE BOX:			OFFICE USE ONLY
Initial Filing of Form Re-filing to Change: Primary Treasu	urer Deput	y Treasurer	Primary/Secondary Depository
1. Committee or Organization		2. Telephone	
CITIZENS FOR EXCELLENCE IN MIAMI-DADE COUNTY GOVERNMENT (305) 529-5440			5440
Name of Treasurer or Deputy Treasurer		5. Telephone (optional)	
CARLOS M. TRUEBA CPAZOS@GEMRTCPA.CO		(305) 529-5440	
6. Mailing Address			
2600 DOUGLAS ROAD, SUITE 800, COF	RAL GABLE	S, FL 3313	4
7. Street Address			
2600 DOUGLAS ROAD, SUITE 800, COF	RAL GABLE	ES, FL 3313	4
8. The following bank has been designated as the Primary Depository Secondary Depository			
9. Name of Bank	0. Street Address		
BANK UNITED 2159 CORAL WAY			
11. City	12. S	12. State 13. Zip Code	
MIAMI	FLO	DRIDA	33 145
14. Signature of Chairman (Print or Type)			
x Much	ROLAND SANCHEZ-MEDINA		
Campaign Treasurer's Acceptance of Appointment			
I,, do hereby accept the appointment as (Please Print or Type)			
treasurer or deputy treasurer for CITIZENS FOR EXCELLENCE IN MIAMI-DADE COUNTY GOVERNMENT			
(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.			

X

Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 6 (Rev. 10/18)

Date

REGISTERED AGENT STATEMENT OF APPOINTMENT

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(Section 106.022, F.S.)				
	2019 FEB 19 AM 10: 50			
Original Appointment Change of Appointment			MIAWA-DIDE	
Change of Mailing Address Change of Physics	al Address		MIAM - D'OE ELECTIONS	
Registered Ag	ent and O	ffice Informatio	n	
Name ROLAND SANCHEZ-MEDINA		Telephone 305-377-1000		
Street Address ALHAMBRA CIRCLE, SUITE 1205			ų.	
City CORAL GABLES	City State		Zip Code 33134	
Mailing Address ALHAMBRA CIRCLE, SUITE 1205				
City State CORAL GABLES FLORIDA			Zip Code 33134	
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. 2/11/2019				
Signature of Registered Agent	and Office	Date	r changes only)	
Former Registered Agent and Office Information (fo		Telephone		
NA			Тоюрноно	
Street Address				
City	State		Zip Code	
Committee or	Organiza	tion Informatio	n	
Name of Committee or Organization CITIZENS FOR EXCELLENCE IN MIAM	II-DADE C	OUNTY GOVE	RNMENT	
Street Address 2600 DOUGLAS ROAD, SUITE 800		Telephone 305-529-5440		
City CORAL GABLES	State FLORIDA		Zip Code 33134	
Reca R-				
Signature of Chairperson				
ROLAND SANCHEZ-MEDINA			2/11/2019	
Printed Name of Chairnerson				



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



2019 FEB 19 ANIO: 50

Candidate/Chairperson:		MALLEGIE
ROLAND		SANCHEZ-MEDINA
First Name	Middle Name	Last Name
CITIZENS FOR EXCELLEN	CE IN MIAMI DADE-C	COUNTY GOVERNMENT
(Office Sought / Organization	on
I acknowledge that it is my requirements described in th County Elections Department W	e following resources	d, understand and follow the available on the Miami-Dad
Contains information on State Florida, County Laws and H	te Laws and Handbooks, to andbooks, Qualifying Infor	e.gov/elections/candidate.asp) he Election Laws of the State of mation, Electronic Reporting Dates I Recent Legislative Changes.
	te Laws and Handbooks, to andbooks, Electronic Repo	he Election Laws of the State of orting Dates and Procedures,
Acknowledged by:	Candidate / Chairperso	n Signature
Date: 2///	2019	
Primary Telephone Number:	305-529-5440	
Alternate Telephone Number:	305-377-1000	
E-mail address: CPAZOS	@GEMRTCPA.CO	M