

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**1. Full Name of Committee**

CITIZENS FOR EXCELLENCE IN MIAMI-DADE COUNTY GOVERNMENT

**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

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship
NONE		

**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.)**

CIVIC AND GOVERNMENTAL POLICY EDUCATION

**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	2600 DOUGLAS ROAD SUITE 800 CORAL GABLES, FL 33134	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
TOMAS P. REGALADO	987 SW 37TH AVE APT 510 MIAMI, FL 33135	CHAIRMAN

**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:** NONE

**List Any Issues this Committee is Opposing:** NONE

**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 Deposit Boxes, or Other Depositories Used for Committee Funds**

Name of Bank or Depository & Account Number	Mailing Address
OCEAN BANK	780 NW 42ND AVE. MIAMI, FL 33126

**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
FORM 1120POL	ANNUALY	INTERNAL REVENUE	OGDEN, UT 84201

STATE OF FLORIDA MIAMI-DADE COUNTY

I, TOMAS P. REGALADO, certify that the information in this Statement of

Organization is complete, true and correct.

**X** *Tomas Regalado*  
Signature of Chairman of Political Committee

9/14/22  
Date

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DEPARTMENT

**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:**

Initial Filing for:  Primary Treasurer  Deputy Treasurer

Re-filing to Change:  Primary Treasurer  Deputy Treasurer  Primary/Secondary Depository

OFFICE USE ONLY

1. Committee CITIZENS FOR EXCELLENCE IN MIAMI-DADE GOVERNMENT	2. Telephone (305 ) 529-5440
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3. Name of Treasurer or Deputy Treasurer <b>CARLOS M. TRUEBA</b>	4. Email (optional) cpazos@gemrtcpa.com	5. Telephone (optional) (305 ) 529-5440
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6. Mailing Address  
2600 S DOUGLAS RD, SUITE 800, CORAL GABLES, FL 33134

7. Street Address  
2600 S DOUGLAS RD, SUITE 800, CORAL GABLES, FL 33134

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

9. Name of Bank OCEAN BANK	10. Street Address 780 NW 42ND AVE
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11. City CORAL GABLES	12. State FL	13. Zip Code 33126
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14. Signature of Chairman <b>X</b> 	15. Name of Chairman (Print or Type) TOMAS P. REGALADO
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**Campaign Treasurer's Acceptance of Appointment**

I, CARLOS M. TRUEBA, do hereby accept the appointment as  
(Please Print or Type)  
treasurer or deputy treasurer for Citizens for Excellence in Miami-Dade County Government  
(Committee)

**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.**

9/14/22 **X**   
Date Signature of Campaign Treasurer or Deputy Treasurer

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**REGISTERED AGENT  
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

- Original Appointment
- Change of Appointment
- Change of Mailing Address
- Change of Physical Address

**Registered Agent and Office Information**

Name CARLOS M. TRUEBA	Telephone 305-529-5440
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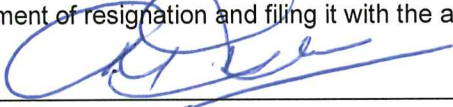
Street Address 2600 S DOUGLAS ROAD, SUITE 800		
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City CORAL GABLES	State FL	Zip Code 33134
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Mailing Address 2600 S DOUGLAS ROAD, SUITE 800		
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City CORAL GABLES	State FL	Zip Code 33134
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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.



Signature of Registered Agent

Date

**Former Registered Agent and Office Information (for changes only)**

Name ROLAND SANCHEZ-MEDINA	Telephone 305-377-1000
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Street Address ALHAMBRA CIRCLE, SUITE 1205		
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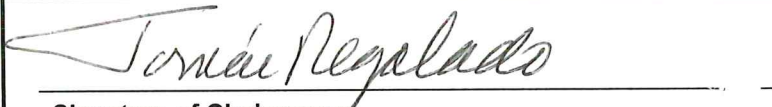
City CORAL GABLES	State FL	Zip Code 33134
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**Committee or Organization Information**

Name of Committee or Organization CITIZENS FOR EXCELLENCE IN MIAMI-DADE COUNTY GOVERNMENT		
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Street Address 2600 S DOUGLAS ROAD, SUITE 800	Telephone 305-529-5440
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City CORAL GABLES	State FL	Zip Code 33134
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Signature of Chairperson

Tomas P. Regalado

Printed Name of Chairperson

9/14/22

Date

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



Candidate (office sought): \_\_\_\_\_

Candidate's Florida Voter Registration Number: \_\_\_\_\_

Political Committee: Citizens for Excellence in Miami-Dade County Government

Party Executive Committee: \_\_\_\_\_

Other: \_\_\_\_\_

I, \_\_\_\_\_

*(Please print name of Candidate or Chairperson)*

understand that Campaign Treasurer's Reports must be filed electronically via the Supervisor of Elections website by midnight of the day designated in order to comply with Miami-Dade County requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miami-Dade County regarding the filing of the campaign finance reports with the Supervisor of Elections were recently amended in that original signed hardcopies are no longer required.

I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade County, Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Vote by Mail Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engaged in vote by mail ballot activities, if applicable.

Additionally, I understand that, in accordance with Sections 12-14.2 and 12-14.2.1 of the Code of Miami-Dade County, Florida, Miami-Dade County Elected Officers and Candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Reporting of Solicitation of Contributions for Political Committees, Electioneering Communications Organizations, 501(c)(4) Organizations and Political Parties (MD-ED 28) to publicly disclose when they commence solicitation activities for Political Committees, Electioneering Communications Organizations, Political Parties, and/or 501(c)4 organizations, if applicable.

Lastly, I understand that Section 2.69(e) of the Code of Miami-Dade County requires that candidates for Property Appraiser also fill out the Miami-Dade county Contributing Entity (MD-ED 19) form for every reporting period if contributions are received from a corporation incorporated under the laws of the State of Florida or any other state or any foreign country of any partnership or any other legal entity other than a natural person, if applicable.

*Jenifer Regalado*

Signature of Candidate or Chairperson

9/14/22

Date

Day Time Telephone Number: 305-529-5440

Alternate Contact Number: \_\_\_\_\_

Email Address: cpazos@gemrtcpa.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.*

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