STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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2019 JUN - 3 PM 12: 59

MIAMI-DADE FLECTIONS

1. Full Name of Committee				Telephone	
SOUTH DADE MATTERS				TO BE ADDED LATER (786) 280 · 258	
Mailing Address (include city	, sta	te and zip code)			
18495 SOUTH DIXIE HWY #320 MIAMI, FLORIDA 33157					
Street Address (include city,	state	and zip code)			
18495 SOUTH DIXIE HWY #320 MIAMI, FLORIDA 33157					
2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)					
Name of Affiliated or Connected Organization		Mailing Address		Relationship	
N/A		N/A		N/A	
3. Area, Scope and Jurisdiction of the Committee					
SUPPORTING CANDIDATES IN MIAMI DADE COUNTY					
4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.) POLITICAL - EDUCATE AND ADVOCATE BASED ON CANDIDATES POSITIONS ON THE ISSUES					
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		
ISABEL BARCELO	#320	05 SOUTH DIXIE HWY) MI, FLORIDA 33157		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 Addre		Committee Title or Position		
VENUSMIA FERNANDEZ	18495 SOUTH DIXIE HWY #320 MIAMI, FLORIDA 33157		JUN CHAIRPERSONS MIAMI-DADE ELECTIONS		
W. I. Sad Ive Alexand A. I. I.	Office County and Barty Affili	stion Each Condidate and	hor ladi-	dual that this	
7. List by Name, Address, Committee is Supportin	Office Sought and Party Affiliang (if none, please indicate)	ation Each Candidate or O	uier indivi	uuai that this	
Full Name	Mailing Address	Office Sough	in .	Party	
TO BE DETERMINED					
8. List Any Issues this Co	TO BE DETERMINED				
List Any Issues this Committee is Opposing: TO BE DETERMINE					
9. If this Committee is Su	pporting the Entire Ticket of a l	Party, Give Name of Party			
	N/A				
10. In the Event of Dissolu	ution, What Disposition will be	Made of Residual Funds?			
ANY ACTIVITIES ALL	OWED UNDER FLORIDA LAW FOR	R DISPOSAL OF RESIDUAL F	JNDS		
11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds					
Name of Bank or Depository & Account Number Mailing Address					
CENTE	28801 SW 157TH AVENUE HOMESTEAD, FLORIDA 33033				
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 Officia	ıl N	lailing Address	
FORM SS4 FORM 8871 FORMA 1120 POL FORM 990	UPON FORMATION UPON FORMATION ANNUALLY ANNUALLY	IRS IRS IRS IRS	OGDEN OGDEN	, UT 84201 , UT 84201 , UT 84201 , UT 84201	
STATE OF FLORIDA MIAMI-DADE COUL				COUNTY	
VENUSMI	A FERNANDEZ	, certify that the informa	ion in this	Statement of	
Organization is complete, true and correct.					
X Signature of		5/31	2019 ate		

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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2019 JUN -3 PM 1:00

MIAMI-DADE ELECTIONS

CHECK APPROPI	RIATE BOX:					
Initial Filing for:	✓ Primary Treasurer	Deputy Treasurer				OFFICE USE ONLY
						OTTIOE GOL ONET
Re-filing to Change:	Primary Treasurer	Deputy Treasurer	Primary	/Secondar	y Depository	
1. Committee					2. Telephone	
SOUTH DADE MATTERS				(786) 280.2588		
3. Name of Treasurer or Deputy Treasurer 4. Email (optional))	5. Telephone (optional)		
6. Mailing Address 18495 SOUTH DIXIE HWY #320 MIAMI, FLORIDA 33157						
7. Street Address 18495 SOUTH DIXIE HWY #320 MIAMI, FLORIDA 33157						
8. The following b	8. The following bank has been designated as the					
9. Name of Bank			10. Street	Address		
CENTERSTATE BANK		28801 SW 157 AVENUE HOMESTEAD				
11. City				12. Stat	e	13. Zip Code
HOMEST	EAD /			FL	ORIDA	33033
14 Signature of Cl	nairman(15. Name	of Chair	man (Print or Type	e)
* Juvoud Hours		VENUSMIA FERNANDEZ				
Campaign Treasurer's Acceptance of Appointment						
ISABEL BARCELO						
I,, do hereby accept the appointment as (Please Print or Type)						
treasurer or deputy treasurer for SOUTH DADE MATTERS						
(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.						
Fabril 2000 X 5-31-2019						
	Date		Signature of	of Campa	ign Treasurer or	Deputy Treasurer



Access to Handbook and the 2019 JUN -3 PM 1:00 Election Laws of the State of Florida

MIAMI-DADE ELECTIONS

		LLLOHUNG
Candidate/Chairperson:		
VENUSMIA		FERNANDEZ
First Name	Middle Name	Last Name
SO	UTH DADE MATT	ERS
	Office Sought / Organization	
I acknowledge that it is my requirements described in the County Elections Department N	he following resources a	understand and follow the vailable on the Miami-Dade
Contains information on Sta Florida, County Laws and F	book (http://www.miamidade.gate Laws and Handbooks, the Handbooks, Qualifying Informa Candidate Information, and R	Election Laws of the State of ation, Electronic Reporting Dates
Florida, County Laws and F	ook (http://www.miamidade.go ate Laws and Handbooks, the Handbooks, Electronic Reporti mation, and Recent Legislative	Election Laws of the State of ing Dates and Procedures,
Acknowledged by:	Candidate Chairperson	
Date:	MAY 31, 2019	9
Primary Telephone Number:	(786) 280-25	88
Alternate Telephone Number	r:NIA	
E-mail address: SOUTH	HDADEMATTERS	@AOL.COM

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



Candidate (office sought):					
Political Committee:SOUTHDADE MATTERS Party Executive Committee: Other: VENUSMIA FERNANDEZ (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,					
Party Executive Committee: Other: I, VENUSMIA FERNANDEZ (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,					
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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.					
Olewands 5.31.2019					
Signature of Candidate or Chairperson Date					
Day Time Telephone Number: (786) 280 2588					
Alternate Contact Number:					
Email Address: SOUTHDADEMATTERS@AOL.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.

REGISTERED AGENT STATEMENT OF APPOINTMENT

OFFICE USE ONLY ED

(Section 106.022, F.S.)		2019 JUN -3 PM 1:00			

✓ Original Appointment	tment	MIAMI-DADE ELECTIONS			
☐ Change of Mailing Address ☐ Change of Physica	al Address				
Registered Ag	Registered Agent and Office Information				
Name VENUSMIA FERNANDEZ		Telephone 786.280.2588			
Street Address 18495 SOUTH DIXIE HWY #320					
City MIAMI	State FLORIDA	Zip Code 33157			
Mailing Address 18495 SOUTH DIXIE HWY #320					
City MIAMI	State FLORIDA	Zip Code 33157			
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.					
Selvand Rem 5/31/2019					
Signature of Registered Agent Date					
Former Registered Agent and Office Information (for changes only)					
Name N/A		Telephone N/A			
Street Address N/A					
City N/A	State N/A	Zip Code N/A			
Committee or Organization Information					
Name of Committee or Organization					
SOUTH DADE MATTERS					
Street Address 18495 SOUTH DIXIE HWY	/ #320	Telephone			
City MIAMI	State FLORIDA	Zip Code 33157			
dervande					
Signature of Chairperson					
VENUSMIA FERNANDE	5.31.2019				
Printed Name of Chairperson		Date			