STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI-DADE ELECTIONS

1. Full Name of Committee			Telephone
Hialeah For Reform			786-900-0208
Mailing Address (include city	state and zin code)		
c/o PRCPA 2950 SW 27th			
Miami, FL 33133	7,700, Callo 100		
Street Address (include city,	state and zip code)		
SAME AS MAILING			
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committees)	ganizations (includes other committees of co	ntinuous ex	istence and political
Name of Affiliated or Connected Organization	Mailing Address	Mailing Address	
NONE			
			*
	*		-
·			
3. Area, Scope and Jurisdicti	on of the Committee		
Miami-Dade County			
4. Nature of Organization or 0	Organization's Special Interest (e.g., medical,	legal, educ	ation, etc.)
Political committee suppor		•	,
,	0		
5. Identify by Name, Address	and Position, the Custodian of Books and Ad	counts (inc	lude treasurer's name)
Full Name	Mailing Address	Com	mittee Title or Position
Robert T. Renfrow, CPA	c/o PRCPA	Treasure	er
	2950 SW 27th Ave, Ste 100	110000110	•
	Miami, FL 33133		
	4		

	nd Position, Other Principal (ny (include chairman's name)		Officers a	nd Members of the	
Full Name	Mailing Addr	Mailing Address		Committee Title or Position	
Roleen Alvarez	2950 SW 27th Ave, Ste 10 Miami, FL 33133	00	Chairm	an	
Robert T. Renfrow	2950 SW 27th Ave, Ste 10 Miami, FL 33133	00	Treasu	rer ,	
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	
To be determined				AND JE	
8. List Any Issues this Con	nmittee is Supporting: To be	determined			
8. List Any Issues this Committee is Supporting: To be determined List Any Issues this Committee is Opposing: To be determined					
9. If this Committee is Sup N/A	porting the Entire Ticket of a	Party, Give Name o	f Party	26	
10. In the Event of Dissolution, What Disposition will be Made of Residual Funds? Contribute to candidates, political parties, political committees or other activities not prohibited by law.					
11. List all Banks, Safety D	eposit Boxes, or Other Depos	sitories Used for Co	mmittee	Funds	
Name of Bank or Depo	Name of Bank or Depository & Account Number Mailing Address				
Professional Bank		396 Alhambra Circle, Suite 255 Coral Gables, FL 33134			
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 o	f Official	Mailing Address	
SS4 Form 8871 Form 1120 POL (as may be required) Form 990 (as may be required)	Upon formation Upon formation March 15, annually May 15, annually	Internal Revenu Service	е	Ogden, UT 84201	
STATE OF Florida Miami-Dade COUNTY		COUNTY			
_{I,} Roleen Alvarez		, certify that the i	nformatior	n in this Statement of	
Organization is complete, tru	e and correct.				
X Lander	hairman of Political Committee		6	-14-19 Date	

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR**

POLITICAL COMMITTEES

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

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MIAMI-DADE ELECTIONS

Signature of Campaign Treasurer or Deputy Treasurer

OFFICE USE ONLY **CHECK APPROPRIATE BOX:** Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer 1. Committee or Organization 2. Telephone Hialeah For Reform (786) 900-0208 3. Name of Treasurer or Deputy Treasurer 4. Email (optional) 5. Telephone (optional) Robert T. Renfrow bob@puertorenfrow.com (786)900-02086. Mailing Address c/o PRCPA, 2950 SW 27th Ave, Ste 100, Miami, FL 33133 7. Street Address Same as mailing 8. The following bank has been designated as the X Primary Depository Secondary Depository 9. Name of Bank 10. Street Address Professional Bank 396 Alhambra Circle, Suite 255 11. City 13. Zip Code 12. State **Coral Gables** 33134 FL 14. Signature of Chairman 15. Name of Chairman (Print or Type) Roleen Alvarez Campaign Treasurer's Acceptance of Appointment Robert T. Renfrow do hereby accept the appointment as (Please Print or Type) Hialeah For Reform treasurer or deputy treasurer for (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.

REGISTERED AGENT STATEMENT OF APPOINTMENT

(Section 106.022, F.S.)

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Original Appointment Change of Appoin	ntment	•	11AMI-DADE ELECTIONS
Change of Mailing Address Change of Physic	al Address		
Registered Ag	ent and O	ffice Informatio	n
Name Robert T. Renfrow			Telephone 786-900-0208
Street Address c/o PRCPA 2950 SW 27th Ave, Suite	100		
City Miami	State FL		Zip Code 33133
Mailing Address SAME AS ABOVE			
City	State		Zip Code
I accept this appointment and confirm that I am forth in Section 106.022, F.S. I also understand statement of resignation and filing it with the application.	d that I may	resign this appoir	
		6-1	14.19
Signature of Registered Agent		Date	
Former Registered Agent a	and Office	Information (fo	r changes only)
Name			Telephone
Street Address			
City	State		Zip Code
Committee or	r Organiza	tion Informatio	n
Name of Committee or Organization Hialeah For Reform			
Street Address c/o PRCPA 2950 SW 27th Ave, Suite	100	-	Telephone 786-900-0208
City Miami	State FL		Zip Code 33133
0 0			
Signature of Chairperson			
Signature of Chairperson Roleen Alvarez	4		14-19



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Access to Handbook and the Election Laws of the State of Florida JUN 17 PM 1: 26

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Candidate/Chairperson:		LLLOTTONO
Roleen		Alvarez
First Name	Middle Name	Last Name
Hiale	eah for Reform	
Off	ice Sought / Organization	
I acknowledge that it is my r requirements described in the County Elections Department We	following resources	
Candidate Qualifying Handbook Contains information on State Florida, County Laws and Han and Procedures, Important Can	Laws and Handbooks, the dbooks, Qualifying Inform	Election Laws of the State of ation, Electronic Reporting Dates
Political Committee Handbook Contains information on State Florida, County Laws and Han Important Committee Information	Laws and Handbooks, the dbooks, Electronic Report	e Election Laws of the State of ting Dates and Procedures,
Acknowledged by:	Candidate / Chairperson	Signature
Date: 6-14-19		
Primary Telephone Number: _	305-725-186	55 ,
Alternate Telephone Number:	786-900-0208	
E-mail address: Ralva156	@fiu.edu	

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



□ Candidate (office sought):
Candidate's Florida Voter Registration Number:
⊠ Political Committee: Hialeah For Reform
□ Party Executive Committee:
□ Other:
ı, Roleen Alvarez
(Please print name of Candidate or Chairperson)
understand that Campaign Treasurer's Reports <u>must</u> 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 Mai 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 Politica Committees, Electioneering Communications Organizations, 501(c)(4) Organizations and Politica Parties (MD-ED 28) to publicly disclose when they commence solicitation activities for Politica 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.
fallen 6-14-19
Signature of Candidate or Chairperson Date
Day Time Telephone Number: 305-725-1865
Alternate Contact Number: 786-900-0208
Email Address: Ralva156@fiu.edu

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.