

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI-DADE
ELECTIONS

1. Full Name of Committee

New Dade

Telephone

786-900-0208

Mailing Address (include city, state and zip code)
c/o PRCPA 2950 SW 27th Ave, Suite 100
Miami, FL 33133

Street Address (include city, state and zip code)
SAME AS MAILING

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.)

Political committee supporting reform

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
Robert T. Renfrow, CPA	c/o PRCPA 2950 SW 27th Ave, Ste 100 Miami, FL 33133	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
Roleen Alvarez	2950 SW 27th Ave, Ste 100 Miami, FL 33133	Chairman
Robert T. Renfrow	2950 SW 27th Ave, Ste 100 Miami, FL 33133	Treasurer

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			

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 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?
 Contribute to candidates, political parties, political committees or other activities not prohibited by law.

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds


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 of 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 Revenue Service	Ogden, UT 84201

STATE OF Florida Miami-Dade COUNTY

I, Roleen Alvarez, certify that the information in this Statement of Organization is complete, true and correct.

X  Signature of Chairman of Political Committee

02-27-20 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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MIAMI-DADE
ELECTIONS

CHECK APPROPRIATE BOX:

Initial Filing for: Primary Treasurer Deputy Treasurer

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

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1. Committee

New Dade

2. Telephone

(786) 900-0208

3. Name of Treasurer or Deputy Treasurer

Robert Renfrow

4. Email (optional)

Bob@PuertoRenfrow.com

5. Telephone (optional)

(786) 900-0208

6. 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

Primary Depository

Secondary Depository

9. Name of Bank

Professional Bank

10. Street Address

396 Alhambra Circle, Suite 255

11. City

Coral Gables

12. State

FL

13. Zip Code

33134

14. Signature of Chairman

X 

15. Name of Chairman (Print or Type)

ROLEEN ALVAREZ

Campaign Treasurer's Acceptance of Appointment

I, **ROBERT RENFROW**

(Please Print or Type)

, do hereby accept the appointment as

treasurer or deputy treasurer for

NEW DADE

(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.**

2-27-2020

Date

X


Signature of Campaign Treasurer or Deputy Treasurer

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**
(Section 106.022, F.S.)

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FLORIDA
ELECTIONS

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

Registered Agent and Office Information

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 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.

 _____ 2-27-2020
Signature of Registered Agent Date

Former Registered Agent and Office Information (for changes only)

Name: Telephone:

Street Address:

City: State: Zip Code:

Committee or Organization Information

Name of Committee or Organization: New Dade

Street Address: c/o PRCPA 2950 SW 27th Ave, Suite 100 Telephone: 786-900-0208

City: Miami State: FL Zip Code: 33133

 _____
Signature of Chairperson

Roleen Alvarez 02-27-20
Printed Name of Chairperson Date



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

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MIAMI-DADE ELECTIONS

Candidate/Chairperson:

Roleen

Alvarez

First Name

Middle Name

Last Name

New Dade

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)
Political Committee Handbook (http://www.miamidade.gov/elections/pacs.asp)

Acknowledged by: [Signature] Candidate / Chairperson Signature

Date: 02-27-20

Primary Telephone Number: 305-725-1865

Alternate Telephone Number: 786-900-0208

E-mail address: Ralva156@fiu.edu

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



Candidate (office sought): _____

Candidate's Florida Voter Registration Number: _____

Political Committee: New Dade _____

Party Executive Committee: _____

Other: _____

I, _____ Roleen Alvarez _____

(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.


Signature of Candidate or Chairperson

02-27-20
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.