

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

1. Full Name of Committee

Committee to elect Cristhian Mancera

Telephone

7862663791

Mailing Address (include city, state and zip code)

1200 Brickell ave suite 1950 Miami Florida 33131

Street Address (include city, state and zip code)

N/A

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

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.)

To support the cause of Cristhian Mancera

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

Cristhian Mancera

1200 Brickell ave suite 1950 Miami FL
33131

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)

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Full Name	Mailing Address	Committee Title or Position
N/A		

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 ELECTIONS DEPARTMENT

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
Cristhian Mancera	15161 SW 95TH LN Miami FL 33196	County commission	write in

8. List Any Issues this Committee is Supporting: *N/A*
 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?
N/A

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

Name of Bank or Depository & Account Number	Mailing Address
TD BANK	14995 SW 80th ST MIAMI FL 33196

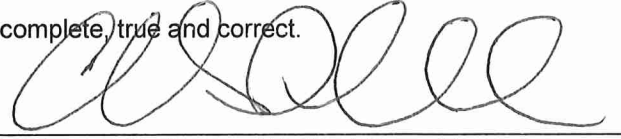
12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
N/A			

STATE OF FLORIDA MIAMI-DADE COUNTY

I, Cristhian Mancera Mejia, certify that the information in this Statement of

Organization is complete, true and correct.

X 
 Signature of Chairman of Political Committee

04/10/20
 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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ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Initial Filing for: Primary Treasurer Deputy Treasurer

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

1. Committee <i>Committee to Elect Cristhian Mancera</i>	2. Telephone (786) 2663791
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3. Name of Treasurer or Deputy Treasurer Cristhian Mancera cmancera@cristhianmancera.com	4. Email (optional)	5. Telephone (optional) () N/A
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6. Mailing Address
1200 Brickell ave suite 1950 Miami Florida 33131

7. Street Address
N/A

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

9. Name of Bank TD BANK	10. Street Address <i>88th ST 14995 SW MIAMI FL 33196</i>
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11. City Miami	12. State FL	13. Zip Code 33196
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14. Signature of Chairman <i>X [Signature]</i>	15. Name of Chairman (Print or Type) <i>Cristhian Mancera</i>
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Campaign Treasurer's Acceptance of Appointment

I, Cristhian Mancera, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for Committee to elect Cristhian Mancera
(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.**

04/10/20
Date

X [Signature]
Signature of Campaign Treasurer or Deputy Treasurer

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

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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

Registered Agent and Office Information

Name
Cristhian Mancera Telephone
7862663791

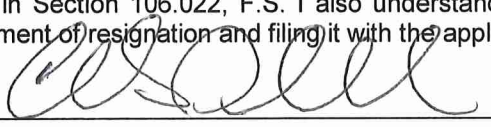
Street Address
1200 Brickell ave suite 1950

City State Zip Code
Miami FL 33131

Mailing Address
cmancera@cristhianmancera.com

City State Zip Code
Miami Florida 33131

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.

 04/10/20
Signature of Registered Agent Date

Former Registered Agent and Office Information (for changes only)

Name Telephone
N/A

Street Address
N/A

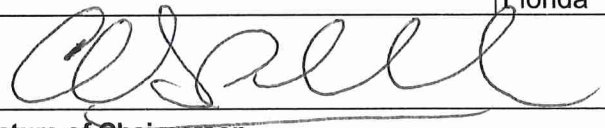
City State Zip Code
N/A

Committee or Organization Information

Name of Committee or Organization
Committee to elect Cristhian Mancera

Street Address Telephone
1200 Brickell ave suite 1950 7862663791

City State Zip Code
Miami Florida 33131


Signature of Chairperson
Cristhian Mancera 04/10/20
Printed Name of Chairperson Date



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

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Candidate/Chairperson:

Cristhian David Mancera

First Name

Middle Name

Last Name

Committee to elect Cristhian Mancera

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: 04/10/20

Primary Telephone Number: 786 2663791

Alternate Telephone Number: N/A

E-mail address: cmancera@CRISTHIANMANCERA.COM

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



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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Candidate (office sought): _____
Candidate's Florida Voter Registration Number: _____
 Political Committee: Committee to elect Cristhian Mancera
 Party Executive Committee: _____
 Other: _____
I, _____ Cristhian Mancera Mejia

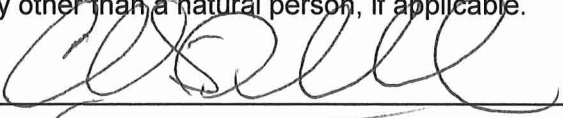
(Please print name of Candidate or Chairperson)

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

04/10/20
Date

Day Time Telephone Number: 7862663791
Alternate Contact Number: 7867662506
Email Address: cmancera@cristhianmancera.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.