

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

1. Full Name of Committee

Telephone

Concerned Citizens of Hialeah PC
Political Action Committee

786-553-5374

Mailing Address (include city, state and zip code)

590 E 49 ST Hialeah, FL 33013

Street Address (include city, state and zip code)

590 E 49 ST Hialeah, FL 33013

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

support or oppose laws & candidates in Miami Dade County.

4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)

local laws/candidates

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
Angelica Torres Pacheco	1571 W 76 ST Hialeah, FL 33014	Chairman

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
Angelica Xenes Pacheco	1571 W 76 ST Hialeah, FL. 33014	chair.

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
Angelica Xenes Pacheco	1571 W 76 ST Hialeah, FL. 33014	Hialeah City Council Group 4	Non Partisan

8. List Any Issues this Committee is Supporting:

List Any Issues this Committee is Opposing:

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party

10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?

Donate to a nonprofit organization/charity.

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

Name of Bank or Depository & Account Number	Mailing Address
Apollo Bank	1255 W 49 ST Hialeah, FL. 33012

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

STATE OF Florida COUNTY Miami Dade

I, Angelica Xenes Pacheco, certify that the information in this Statement of Organization is complete, true and correct.

X

[Signature]
Signature of Chairman of Political Committee

10/13/22
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

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

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1. Committee <i>Concerned Citizens of Hialeach Political Action Committee</i>		2. Telephone <i>(786) 553-5374</i>	
3. Name of Treasurer or Deputy Treasurer <i>Angelica Xenos Pacheco</i>		4. Email (optional) <i>a_xenos@pcho.com</i>	
5. Telephone (optional) ()			
6. Mailing Address <i>590 E 49 ST Hialeach, FL. 33013</i>			
7. Street Address <i>590 E 49 ST Hialeach, FL. 33013</i>			
8. The following bank has been designated as the		<input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository	
9. Name of Bank <i>Apollo Bank</i>		10. Street Address <i>1255 W 49 ST Hialeach FL. 33012</i>	
11. City <i>Hialeach</i>		12. State <i>FL.</i>	13. Zip Code <i>33012</i>
14. Signature of Chairman <i>[Signature]</i>		15. Name of Chairman (Print or Type) <i>Angelica Xenos Pacheco</i>	

Campaign Treasurer's Acceptance of Appointment

I, *Angelica Xenos Pacheco* (Please Print or Type), do hereby accept the appointment as
treasurer or deputy treasurer for *Concerned Citizens of Hialeach Political Action Committee*
(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.**

10/13/22
Date

[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 Angelica Xenos Pacheco Telephone 7865535374

Street Address 590 E 49 ST

City Hialeah State FL. Zip Code 33013

Mailing Address 590 E 49 ST

City Hialeah State FL. Zip Code 33013

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] Date 10/13/22
Signature of Registered Agent

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 PC
Concerned Citizens of Hialeah Political Action Committee

Street Address 590 E 49 ST Telephone

City Hialeah State FL. Zip Code 33013

[Signature]
Signature of Chairperson

Angelica Xenos Pacheco Date 10/13/22
Printed Name of Chairperson



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

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Candidate/Chairperson:

Angelica

First Name

De Jesus

Middle Name

Xenes Pacheco

Last Name

Concerned Citizens of Hialeah Political Action Committee

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 (https://www.miamidade.gov/global/elections/candidate-qualifying-handbook.page) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.

[x] Political Committee Handbook (https://www.miamidade.gov/global/elections/political-committee-resources.page) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by: Angelica Xenes Pacheco [Signature] Candidate / Chairperson Signature

Date: 10/13/22

Primary Telephone Number: 786 553 5374

Alternate Telephone Number:

E-mail address: axenes@yahoo.com

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



Candidate (office sought): _____

Candidate's Florida Voter Registration Number: _____

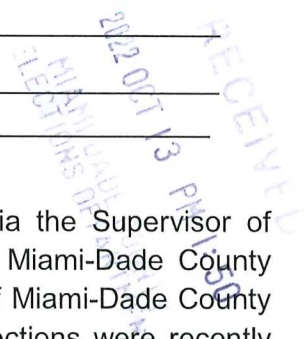
Political Committee: Concerned Citizens of Hialeah PC.

Party Executive Committee: _____

Other: _____

I, Angelica Xenes Pacheco

(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

10/13/22
Date

Day Time Telephone Number: 786 553 5374

Alternate Contact Number: _____

Email Address: a-xenes@yahoo.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.