## STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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2023 MAY -2 AM II: 00

MIAMI-DABE COUNTY ELECTIONS DEPARTMENT

| DADE ON THE HORIZON  | I.  | 786-900-0208                      |  |
|--|---|-----------------------------------|--|
| Mailing Address (include city<br>c/o PRCPA 5901 SW 74th<br>Miami, FL 33143 |   |                                   |  |
| Street Address (include city, s<br>SAME AS MAILING                         | state and zip code)   |                                   |  |
| Affiliated or Connected Org<br>committees)                                 | ganizations (includes other committees of con                     | tinuous existence and political   |  |
| Name of Affiliated or<br>Connected Organization                            | Mailing Address   | Relationship                      |  |
| NONE   |   |                                   |  |
| 3. Area, Scope and Jurisdicti<br>Miami-Dade County                         | on of the Committee   |                                   |  |
| 4. Nature of Organization or C<br>Political committee suppor               | Organization's Special Interest (e.g., medical, l<br>rting reform | egal, education, etc.)            |  |
| 5. Identify by Name, Address   | and Position, the Custodian of Books and Acc                      | counts (include treasurer's name) |  |
| Full Name  | Mailing Address   | Committee Title or Position       |  |
| Robert T. Renfrow, CPA   | c/o PRCPA<br>5901 SW 74th Street, Ste 400<br>Miami, FL 33143      | 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 Addr  | ess   | Committee Title or Position |                 |               |        |
| Monica Nicole Perez  | 5901 SW 74th Street, Ste<br>Miami, FL 33143   | 5901 SW 74th Street, Ste 400<br>Miami, FL 33143   |                             | Chairman        |               |        |
| Robert T. Renfrow  | 5901 SW 74th Street, Ste<br>Miami, FL 33143   | 01 SW 74th Street, Ste 400<br>ami, FL 33143       |                             | 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                      |                 | P             | Party  |
| To be determined   |   |   |                             |                 | Fra           |        |
| 8. List Any Issues this Co   | mmittee is Supporting: To be  | determined  |                             |                 | 179 <u>1</u>  | 023    |
| List Any Issues this Co  | mmittag is Opposing:  | determined  |                             |                 | Tans<br>Ng-14 | MAY-   |
| 9. If this Committee is Sup<br>N/A   | 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 Depos   | sitories Used for Co                              | mmittee                     | Funds           |               |        |
| Name of Bank or Dep  | Name of Bank or Depository & Account Number Mailing Address   |   |                             |                 |               |        |
|  |   | 1518 San Ignacio Avenue<br>Coral Gables, FL 33146 |                             |                 |               |        |
| 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                                | of Official                 | M               | lailing Ad    | dress  |
| SS4<br>Form 8871<br>Form 1120 POL (as may be<br>required)<br>Form 990 (as may be required)   | Upon formation<br>Upon formation<br>March 15, annually<br>May 15, annually  | Internal Revenu<br>Service                        | e                           | Ogden, UT 84201 |               | -201   |
| STATE OF Florida   |   | Miami   | -Dade                       |                 | (             | COUNTY |
| I, Monica Nicole Perez , certify that the information in this Statement of   |   |   |                             |                 |               |        |
| Organization is complete, to   | rue and correct   |   | a 4 /= = :                  |                 |               |        |
| X Signature of C   | Chairman of Political Committee   |   | 04/26/                      | 2023            | ıte           |        |

# 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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2023 MAY -2 AM 11:00

HIAMI-BABE COUNTY PLESTIONS DEPARTMENT

| CHECK APPROPRIATE BOX:  |                    |                         |                             |  |
|---|--------------------|-------------------------|-----------------------------|--|
| Initial Filing for:  Primary Treasurer Deputy Treasurer   |                    |                         |                             |  |
|   |                    |                         | OFFICE USE ONLY             |  |
| Re-filing to Change: Primary Treasurer Deputy Treasurer Primary/Secondary Depository  |                    |                         |                             |  |
| 1. Committee  |                    | 2. Telephone            |                             |  |
| DADE ON THE HORIZON   |                    | (786 ) 900-0            | )208                        |  |
| Name of Treasurer or Deputy Treasurer   |                    | 5. Telephone (optional) |                             |  |
| ROBERT RENFROW Bob@PuertoRe   | nfrow.com          | (786 ) 900-0208         |                             |  |
| 6. Mailing Address<br>c/o PRCPA, 5901 SW 74th Street, Ste 400, Miami  | , FL 33143         | _                       |                             |  |
| 7. Street Address Same as mailing   |                    |                         |                             |  |
| 8. The following bank has been designated as the    Primary Depository    Secondary Depository  |                    |                         |                             |  |
| 9. Name of Bank   | 10. Street Address |                         |                             |  |
| PROFESSIONAL BANK   | 1518 SAN IG        | 518 SAN IGNACIO AVENUE  |                             |  |
| 11. City  | 12. Sta            | te                      | 13. Zip Code                |  |
| CORAL GABLES  | FL                 |                         | 33146                       |  |
| 14. Signature of Chairman   | 15. Name of Chair  | man (Print or Type      | e)                          |  |
| x your Ha   | MONICA NIC         | MONICA NICOLE PEREZ     |                             |  |
| Campaign Treasurer's Acceptance of Appointment  |                    |                         |                             |  |
| , ROBERT RENFROW  |                    | da harab                | v accept the appointment as |  |
| (Please Print or Type)  | <del></del>        | , do nereb              | y accept the appointment as |  |
| treasurer or deputy treasurer for DADE ON THE HORIZON   |                    |                         |                             |  |
|   | (Committe          | e)                      |                             |  |
| 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. |                    |                         |                             |  |
| 04/26/2023 x  | 13                 | _                       |                             |  |
| Date  | Signature of Camp  | aign Treasurer or I     | Donuty Traccurer            |  |

### REGISTERED AGENT STATEMENT OF APPOINTMENT

(Section 106.022, F.S.)

OFFICE USE ONLY

2023 MAY -2 AM II: 00

|   |                             | MIANI-BADE COUNTY<br>BLEETIENS DEPARTMENT                                |  |  |  |
|---|-----------------------------|--|--|--|--|
| ✓ Original Appointment ☐ Change of Appointment  |                             | ELEGITARS DEPARTMENT   |  |  |  |
| Change of Mailing Address Change of Physic  | al Address                  |  |  |  |  |
| Registered Agent and Office Information   |                             |  |  |  |  |
| Name<br>Robert T. Renfrow   |                             | Telephone<br>786-900-0208  |  |  |  |
| Street Address  |                             | 1700 000 0200  |  |  |  |
| c/o PRCPA 5901 SW 74th Street, Suite 400 City   | State                       | Zip Code   |  |  |  |
| Miami   | FL                          | 33143  |  |  |  |
| Mailing Address SAME AS ABOVE   |                             |  |  |  |  |
| City  | State                       | Zip Code   |  |  |  |
|   | d that I may                |  |  |  |  |
|   |                             | 04/26/2023   |  |  |  |
| Signature of Registered Agent   |                             | Date   |  |  |  |
|   |                             |  |  |  |  |
| Former Registered Agent a   | ınd Office                  | e Information (for changes only)   |  |  |  |
| Former Registered Agent a   | ınd Office                  | Telephone  |  |  |  |
|   | and Office                  | ` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '                                  |  |  |  |
| Name  | State                       | ` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '                                  |  |  |  |
| Name Street Address City  | State                       | Telephone  |  |  |  |
| Name Street Address City Committee or Name of Committee or Organization   | State                       | Telephone  Zip Code  |  |  |  |
| Name Street Address City  Committee or Name of Committee or Organization DADE ON THE HORIZON  | State                       | Zip Code ation Information   |  |  |  |
| Name Street Address City Committee or Name of Committee or Organization   | State<br>• <b>Organiz</b> a | Telephone  Zip Code  |  |  |  |
| Name Street Address City  Committee or Name of Committee or Organization DADE ON THE HORIZON Street Address   | State<br>• <b>Organiz</b> a | Telephone  Zip Code  ation Information  Telephone                        |  |  |  |
| Name Street Address  City  Committee or Name of Committee or Organization DADE ON THE HORIZON  Street Address c/o PRCPA 5901 SW 74th Street, Suite 40 City    | State  Organiza  O  State   | Telephone  Zip Code  Ation Information  Telephone 786-900-0208  Zip Code |  |  |  |
| Street Address  City  Committee or Name of Committee or Organization  DADE ON THE HORIZON  Street Address c/o PRCPA 5901 SW 74th Street, Suite 40  City MIAMI | State  Organiza  O  State   | Telephone  Zip Code  Ation Information  Telephone 786-900-0208  Zip Code |  |  |  |

MIAMI-DADE COUNTY

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## Access to Handbook and the Election Laws of the State of Florida 2023 MAY -2 AM II: 00

PLANT-BALL COUNTY
FLESTIONS DEPARTMENT

| Candidate/Chairperson:                                    |  | INLESTIBLE DETARTICAL  |
|---|--|--|
| MONICA  | NICOLE   | PEREZ  |
| First Name  | Middle Name  | Last Name  |
| DADE ON THE HOP   | RIZON  |  |
|   | Office Sought / Organizat  | ion  |
|   | he following resource  | ad, understand and follow the es available on the Miami-Dade   |
| Contains information on Sta<br>Florida, County Laws and F | ov/global/elections/candidate<br>ate Laws and Handbooks,<br>Handbooks, Qualifying Info | ate-qualifying-handbook.page )<br>the Election Laws of the State of<br>ormation, Electronic Reporting Dates<br>and Recent Legislative Changes. |
| Contains information on Sta                               | v/global/elections/political<br>ate Laws and Handbooks,<br>Handbooks, Electronic Re    | -committee-resources.page)<br>the Election Laws of the State of<br>porting Dates and Procedures,<br>ative Changes.                             |
| Acknowledged by:  | Candidate Chairper   | son Signature  |
| Date: 04/26/2023  |  |  |
| Primary Telephone Number:                                 | 305-778-9089   |  |
| Alternate Telephone Number                                | 305-900-0208   | 3  |
| E-mail address: MONIP                                     | EZ@ME.COM  |  |

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



| Candidate (office sought):   |   | 200   |
|--|---|---|
| Candidate's Florida Voter Registration Number:   |   | 23  |
| Political Committee: DADE ON THE HORIZON   |   | MAY   |
| Party Executive Committee:   | の意  | 2   |
| Other:   | <b>3</b> 8                                      |   |
| I,MONICA NICOLE PEREZ  | 33  | 11:100  |
| (Please print name of Candidate or Chairperson)  |   | 00  |
| understand that Campaign Treasurer's Reports <u>must</u> be filed electronically via the Elections website by midnight of the day designated in order to comply with Miam requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miam regarding the filing of the campaign finance reports with the Supervisor of Elections amended in that original signed hardcopies are no longer required.  | i-Dade<br>ii-Dade                               | County<br>County  |
| I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissi Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engaged mail ballot activities, if applicable.  | oner, F<br>Vote                                 | Property<br>by Mail                                       |
| Additionally, I understand that, in accordance with Sections 12-14.2 and 12-14.2.1 Miami-Dade County, Florida, Miami-Dade County Elected Officers and Candidates of Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the and Community Council must now file the Reporting of Solicitation of Contribution Committees, Electioneering Communications Organizations, 501(c)(4) Organizations Parties (MD-ED 28) to publicly disclose when they commence solicitation activities Committees, Electioneering Communications Organizations, Political Parties, a organizations, if applicable. | running<br>Circuit<br>ns for<br>s and<br>es for | for the<br>Courts,<br>Political<br>Political<br>Political |
| Lastly, I understand that Section 2.69(e) of the Code of Miami-Dade County requires for Property Appraiser also fill out the Miami-Dade county Contributing Entity (MD-E every reporting period if contributions are received from a corporation incorporated un the State of Florida or any other state or any foreign country of any partnership or entity other than a natural person, if applicable.   | D 19)<br>der the                                | form for<br>laws of                                       |
| Morray V 96 04/26/20   | 023   |   |
| Signature of Candidate or Chairperson Date   |   |   |
| Day Time Telephone Number: 305-778-9089  |   |   |
| Alternate Contact Number: 786-900-0208   |   |   |
| Email Address: MONIPEZ@ME.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.