

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI-DADE COUNTY  
SOLICITORS GENERAL

**1. Full Name of Committee**  
Imagine Miami PAC

Telephone  
(305) 529-5440

Mailing Address (include city, state and zip code)  
2600 S Douglas Road Suite 800, Coral Gables, FL 33134

Street Address (include city, state and zip code)  
2600 S Douglas Road Suite 800, Coral Gables, FL 33134

**2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)**

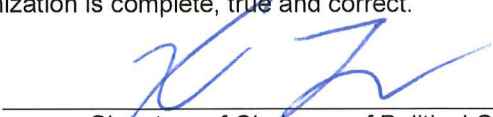
Name of Affiliated or Connected Organization	Mailing Address	Relationship
N/A	N/A	N/A

**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.)**  
Civic and Governmental Policy Education

**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
Carlos M. Trueba, CPA	2600 S Douglas Road Suite 800 Coral Gables, FL 33134	Treasurer

<b>6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)</b>			
Full Name	Mailing Address	Committee Title or Position	
Xavier L. Suarez	145 SE 25 Road, #1102, Miami, FL 33129	Chairperson	
<b>7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)</b>			
Full Name	Mailing Address	Office Sought	Party
N/A	N/A	N/A	
<b>8. List Any Issues this Committee is Supporting: NONE</b>			
List Any Issues this Committee is Opposing: NONE			
<b>9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party</b>			
N/A			
<b>10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?</b>			
Residual funds will be given to charitable organizations 501(C)3			
<b>11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds</b>			
Name of Bank or Depository & Account Number		Mailing Address	
Ocean Bank		780 NW 42nd Ave Miami, FL 33126	
<b>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</b>			
Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
N/A	N/A	N/A	N/A
STATE OF <u>Florida</u> <u>Miami-Dade</u> COUNTY			
I, <u>Xavier L. Suarez</u> , certify that the information in this Statement of			
Organization is complete, true and correct.			
<b>X</b> 		<u>9/11/23</u>	
Signature of Chairman of Political Committee		Date	

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 COUNTY CLERK  
 MIAMI-DADE COUNTY

**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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CLERK OF THE COMMISSION  
STATE OF FLORIDA

**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  
Imagine Miami PAC

2. Telephone  
(305 ) 529-5440

3. Name of Treasurer or Deputy Treasurer      4. Email (optional)  
**Carlos M. Trueba**      **ctrueba@gemrtcpa.com**

5. Telephone (optional)  
(305 ) 529-5440

6. Mailing Address  
2600 S Douglas Road Suite 800, Coral Gables, FL 33134

7. Street Address  
2600 S Douglas Road Suite 800, Coral Gables, FL 33134

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

9. Name of Bank  
Ocean Bank

10. Street Address  
780 NW 42nd Ave

11. City  
Miami

12. State  
FL

13. Zip Code  
33156

14. Signature of Chairman

**X** 

15. Name of Chairman (Print or Type)  
Xavier L. Suarez

**Campaign Treasurer's Acceptance of Appointment**

I, Carlos M. Trueba, do hereby accept the appointment as  
(Please Print or Type)

treasurer or deputy treasurer for Imagine Miami, PAC  
(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.**

9/11/23  
Date

**X**



Signature of Campaign Treasurer or Deputy Treasurer

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

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

**Registered Agent and Office Information**

Name: **Xavier L. Suarez**      Telephone: **(305) 529-5440**

Street Address: **145 SE 25th Road Apt #1102**

City: **Miami**      State: **FL**      Zip Code: **33129**

Mailing Address: **145 SE 25th Road Apt #1102**

City: **Miami**      State: **FL**      Zip Code: **33129**

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 of Registered Agent

**9/11/23**  
\_\_\_\_\_  
Date

**Former Registered Agent and Office Information (for changes only)**

Name: **N/A**      Telephone: **N/A**

Street Address: **N/A**


City: **N/A**      State: **N/A**      Zip Code: **N/A**

**Committee or Organization Information**

Name of Committee or Organization: **Imagine Miami PAC**

Street Address: **2600 S Douglas Road Suite 800**      Telephone: **(305) 529-5440**

City: **Coral Gables**      State: **FL**      Zip Code: **33134**

  
\_\_\_\_\_  
Signature of Chairperson

**XAVIER SUAREZ**  
\_\_\_\_\_  
Printed Name of Chairperson

**9/11/23**  
\_\_\_\_\_  
Date



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

Candidate/Chairperson:

Xavier

Luis

Suarez

First Name

Middle Name

Last Name

Imagine Miami PAC

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.
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: [Signature] Candidate / Chairperson Signature

Date: Sept 11 / 23

Primary Telephone Number: (305) 529 - 5440

Alternate Telephone Number: (786) 512 - 5692

E-mail address: rguzman@gemrtcpa.com

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



Candidate (office sought): \_\_\_\_\_  
Candidate's Florida Voter Registration Number: \_\_\_\_\_  
 Political Committee: Imagine Miami PAC  
 Party Executive Committee: \_\_\_\_\_  
 Other: \_\_\_\_\_  
I, XAVIER SUAREZ

*(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

9/11/23  
\_\_\_\_\_  
Date

Day Time Telephone Number: (305) 529-5440

Alternate Contact Number: (786) 512-5692

Email Address: rguzman@gemrtcpa.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.*