

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

RECEIVED

2023 NOV -1 PM 12:46

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**1. Full Name of Committee**  
Citizens for a Safer Community

**Telephone**  
(518) 929-1144

**Mailing Address (include city, state and zip code)**  
1440 Brickell Bay Drive  
Apt. 301  
Miami, FL 33131

**Street Address (include city, state and zip code)**  
1440 Brickell Bay Drive  
Apt. 301  
Miami, FL 33131

**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**

All lawful political committee activities as authorized by law. The scope is Miami-Dade County.

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

Political

**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
Shawn McClain	1440 Brickell Bay Drive Apt. 301 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)**

Full Name	Mailing Address	Committee Title or Position
Shawn McClain	1440 Brickell Bay Drive Apt. 301 Miami, FL 33131	Chairperson

**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
Rosanna Cordero-Stutz	9105 NW 25th Street Doral, FL 33172	Sheriff	Republican

**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**

**10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?**  
 Any activity allowed under Florida law for the disposal of residual funds.

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

Name of Bank or Depository & Account Number	Mailing Address
Ocean Bank	2655 S Le Jeune Rd. Coral Gables, FL 33134

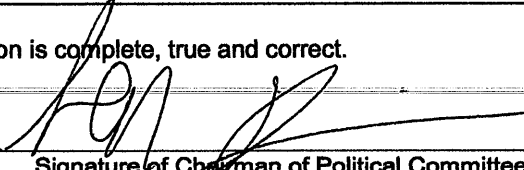
**12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any**

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

STATE OF Florida Miami-Dade COUNTY

I, Shawn McClain, certify that the information in this Statement of

Organization is complete, true and correct.

**X**  Signature of Chairman of Political Committee  
11/1/23 Date

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR  
POLITICAL COMMITTEES**  
(Sections 106.011(2) and 106.021(1), F.S.)

RECEIVED

2023 NOV -1 PM 12:46

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**CHECK APPROPRIATE BOX:**

Initial Filing for:  Primary Treasurer  Deputy Treasurer

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

**OFFICE USE ONLY**

1. Committee <b>Citizens for a Safer Community</b>	2. Telephone <b>(518 )929-1144</b>
---	---------------------------------------

3. Name of Treasurer or Deputy Treasurer <b>Shawn McClain</b>	4. Email (optional)	5. Telephone (optional) ( )
--	---------------------	--------------------------------


6. Mailing Address  
1440 Brickell Bay Drive  
Apt. 301  
Miami, FL 33131

7. Street Address  
1440 Brickell Bay Drive  
Apt. 301  
Miami, FL 33131

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

9. Name of Bank <b>Ocean Bank</b>	10. Street Address <b>2655 S. Le Jeune Rd.</b>
--------------------------------------	---

11. City <b>Coral Gables</b>	12. State <b>FL</b>	13. Zip Code <b>33134</b>
---------------------------------	------------------------	------------------------------

14. Signature of Chairman <b>X</b> 	15. Name of Chairman (Print or Type) <b>Shawn McClain</b>
---	--

**Campaign Treasurer's Acceptance of Appointment**

I, **Shawn McClain**, do hereby accept the appointment as  
(Please Print or Type)  
treasurer or deputy treasurer for **Citizens for a Safer Community**  
(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.**

11/1/23  
Date

**X**   
Signature of Campaign Treasurer or Deputy Treasurer

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

OFFICE USE ONLY  
**RECEIVED**

2023 NOV -1 PM 12:46

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

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

**Registered Agent and Office Information**

Name: **Shawn McClain**      Telephone: **518 929-1144**

Street Address: **1440 Brickell Bay Drive, Apt. 301**

City: **Miami**      State: **FL**      Zip Code: **33131**

Mailing Address: **Same**

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.

\_\_\_\_\_  
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: **Citizens for a Safer Community**

Street Address: **1440 Brickell Bay Drive, Apt. 301**      Telephone: **518 929-1144**

City: **Miami**      State: **FL**      Zip Code: **33131**

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

**Shawn McClain**  
\_\_\_\_\_  
Printed Name of Chairperson

**11/1/23**  
\_\_\_\_\_  
Date



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

RECEIVED

2023 NOV -1 PM 12:46

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**Candidate/Chairperson:**

**Shawn**

**McClain**

First Name

Middle Name

Last Name

**Citizens for a Safer Community**

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.*

SM  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:**

  
Candidate / Chairperson Signature

**Date:**

11/1/23

**Primary Telephone Number:**

305 458-2061

**Alternate Telephone Number:**

518-929-1144

**E-mail address:**

shawnmccclain1@gmail.com

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




RECEIVED  
NOV-1 PM 12:46  
MIAAMI-DADE COUNTY

Candidate (office sought): \_\_\_\_\_  
Candidate's Florida Voter Registration Number: \_\_\_\_\_  
 Political Committee: Citizens for a Safer Community  
 Party Executive Committee: \_\_\_\_\_  
 Other: \_\_\_\_\_  
I, Shawn McClain  
*(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, 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, 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.

  
\_\_\_\_\_  
Signature of Candidate or Chairperson

11/1/23  
Date

Day Time Telephone Number: 518 929-1144  
Alternate Contact Number: N/A  
Email Address: shawnmcclain1@gmail.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.*