

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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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
Olga Diaz	6272 SW 43rd Street Miami, FL 33155	Treasurer

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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]
Signature of Chairman of Political Committee

11/3/23
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
Citizens for a Safer Community

2. Telephone
(518) 929-1144

3. Name of Treasurer or Deputy Treasurer 4. Email (optional)
Olga Diaz odiazcpa@yahoo.com

5. Telephone (optional)
(305) 793-7779

6. Mailing Address
6272 SW 43rd Street, Miami, FL 33155

7. Street Address
6272 SW 43rd Street, Miami, FL 33155

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

9. Name of Bank
Ocean Bank

10. Street Address
2655 S. Le Jeune Rd.

11. City
Coral Gables

12. State
FL

13. Zip Code
33134

14. Signature of Chairman

X



15. Name of Chairman (Print or Type)
Shawn McClain

Campaign Treasurer's Acceptance of Appointment

I, **Olga Diaz**

(Please Print or Type) _____, do hereby accept the appointment as

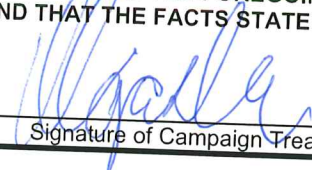
treasurer or deputy treasurer for **Citizens for a Safer Community**

(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.**

11/3/23
Date

X


Signature of Campaign Treasurer or Deputy Treasurer

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

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ELECTIONS DEPARTMENT

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

Registered Agent and Office Information

Name <u>Shawn McClain</u>		Telephone
Street Address <u>1440 Brickell Bay Drive, Suite 301</u>		
City <u>Miami</u>	State <u>FL</u>	Zip Code <u>33131</u>
Mailing Address <u>SAME</u>		
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] 11/3/23
Signature of Registered Agent Date

Former Registered Agent and Office Information (for changes only)

Name <u>N/A</u>		Telephone
Street Address		
City	State	Zip Code

Committee or Organization Information

Name of Committee or Organization <u>Citizens for a Safer Community</u>		
Street Address <u>1440 Brickell Bay Drive, Suite 301</u>		Telephone <u>518-929-1144</u>
City <u>Miami</u>	State <u>FL</u>	Zip Code <u>33131</u>

[Signature]
Signature of Chairperson

Shawn McClain
Printed Name of Chairperson

11/3/23
Date