

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

Supporting or opposing any candidate, issue, or political party
and which accepts contributions or makes expenditures
during a calendar year in an aggregate amount in excess of \$500.
(Section 106.03, Florida Statutes)

(PLEASE TYPE)

1. Full Name of Committee High Pines Annexation Committee			Date 4/25/03
Mailing Address (if post office box or drawer, please add street address) 7525 SW 54th Ct			Telephone (305) 666-1868
City Miami	County Miami-Dade	State FL	Zip Code 33143

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
To support the annexation of the High Pines area of unincorporated Miami-Dade County (precincts 619, 641 and 644).

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

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
Keith Deener	7525 SW 54th Ct, Miami, FL 33143	Chairman & treasurer

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 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

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
N/A		

7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting

Full Name	Mailing Address	Office Sought	Party
N/A			

8. List Any Issues this Committee is Supporting: None at this time.
List Any Issues this Committee is Opposing: None at this time.

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?
 Will be disposed of per Florida law (appropriate charity or pro rata return).

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

Name of Bank or Depository & Account Number	Mailing Address
Bristol Bank #200006021	1493 Sunset Dr Coral Gables, FL 33143

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
 with Donner

Certify that the information in this Statement of Organization is complete, true and correct.

X

Signature of Chairman of Political Committee

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 ELECTIONS DEPARTMENT

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN DEPOSITORY
FOR POLITICAL COMMITTEE
 (Section 106.021(1), F.S.)

CHECK APPROPRIATE BOX

- Original Appointment
- Deputy Treasurer
- Reappointment of Treasurer
- Secondary Depository

(PLEASE TYPE)

1. Committee Name High Pines Annexation Committee	2. Mailing Address 7525 SW 54th Ct
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Telephone (optional) (305) 666-1868	3. City Miami	4. County Miami-Dade	5. State FL	6. Zip Code 33143
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The following person has been appointed to serve as Campaign Treasurer Deputy Treasurer for the above named committee.


7. Name of Treasurer or Deputy Treasurer Keith Donner	8. Street Address 7525 SW 54th Ct
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9. City Miami	10. County Miami-Dade	11. State FL	12. Zip Code 33143
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I have designated the following named bank as my Primary Depository Secondary Depository

13. Bank Name (include account number) Bristol Bank #200006021	14. Street Address 1493 Sunset Dr
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15. City Coral Gables	16. County Miami-Dade	17. State FL	18. Zip Code 33143
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19. Name of Chairman Keith Donner	20. Signature of Chairman X 
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Campaign Treasurer's Acceptance of Appointment

I, Keith Donner, do hereby accept the appointment as
 (Please Print or Type) High Pines Annexation Committee

Campaign Treasurer Deputy Treasurer for the _____

Committee. As a duly registered voter in Miami-Dade County, Florida, I am

qualified to accept this appointment.

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.

4/25/03
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

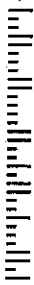


7525 SW 54th Ct.
Miami, FL 33143

CERTIFIED MAIL™



2002 3150 0004 6249 6139



Maria Acosta
Miami-Dade Elections Dept.
111 NW 1st St.
19th Floor
Miami, FL 33128



neopost

NO42J80020315

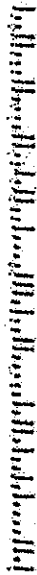
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Mailed From 33143

US POSTAGE

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THE DONNER GROUP

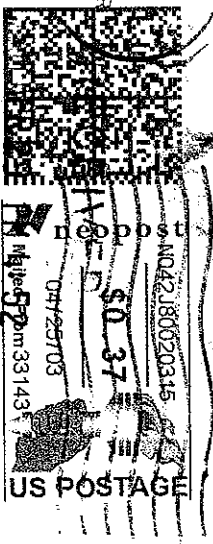
7525 SW 54th Ct.
Miami, FL 33143



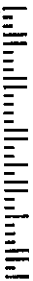
METRO DADE COUNTY
ELECTIONS DEPARTMENT

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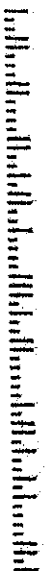


METRO DADE COUNTY
ELECTIONS DEPARTMENT



Maria Acosta
Miami-Dade Elections Dept.
111 NW 1st St.
19th Floor
Miami, FL 33128

33128+1302 71



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and which accepts contributions or makes expenditures
during a calendar year in an aggregate amount in excess of \$500.
(Section 106.03, Florida Statutes)

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City Miami	County Miami-Dade	State FL
		Zip Code 33143

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

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
Keith Donner	7525 SW 54th Ct, Miami, FL 33143	Chairman & treasurer

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 ELECTIONS DEPARTMENT

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
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List Any Issues this Committee is Opposing: None at this time.

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 ELECTIONS DEPARTMENT

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
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STATE OF Florida Miami-Dade COUNTY

I, Keith Donner

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

X 
 Signature of Chairman of Political Committee

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN DEPOSITORY
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19. Name of Chairman Keith Donner	20. Signature of Chairman 
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Campaign Treasurer Deputy Treasurer for the _____

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4/25/03
Date


Signature of Campaign Treasurer or Deputy Treasurer

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