# 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					Date		
High Pines Annexation Committee					4/25/03		
Mailing Address (if post office box or drawer, please add street address)					Telephone		
7525 SW 54th Ct					(305)666-1868		
City		County		ite	Zip Code		
Miami		Miami-Dade		FL	33143		
2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committee							
Name of Affiliated or Connected Organization		Mailing Address		Relationship			
N/A							
IN/A							
3. Area, Scope and Jurisdiction of the Committee							
•		e High Pines area of unincorpo	rate	ad Miami <b>-</b> D	lade County		
(precincts 619, 641 and		e riigir i illes area or ariilleorpe	iuic	od Wilaitii D	ado oddiniy		
(10.00.000.000, 0.000.000.000							
	ganizatio	n's Special Interest (e.g., medical, lega	ıl, ed	lucation, etc.)			
Annexation							
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PM.3: PM.3: COUN							
E SE			٠				
5. Identify by Name, Address ar	nd Positi	on, the Custodian of Books and Accou	nts (	include treas	urer's name)		
☐ <b>‡</b> ull Name		Mailing Address		Comn	nittee Title or Position		
Keith Dane	7525	SW 54th Ct, Miami, FL 33143		Chairmar	n & treasurer		
				- Cilaminai			
			I				

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Full Name	Mailing Addr	ess Com	Committee Title or Position	
N/A				
7. List by Name, Address, Off Supporting	fice Sought and Party Affiliation	Each Candidate or Other Individua	al that this Committe	
Full Name	Mailing Address	Office Sought	Party	
N/A				
8. List Any Issues this Comm List Any Issues this Comm	None at t			
9. If this Committee is Suppo	rting the Entire Ticket of a Party	, Give Name of Party		
	n, What Disposition will be Made per Florida law (appropria	of Residual Funds? te charity or pro rata return)		
11. List all Banks, Safety Dep	osit Boxes, or Other Depositorie	es Used for Committee Funds		
Name of Bank or Depo	sitory & Account Number	Mailing Ad	dress	
Bristol Bank #200006	8021	1493 Sunset Dr Coral Gables, FL 33143		
12. List all Reports Required of Such Officials, if Any	to be Filed by this Committee w	th Federal Officials and the Names	s, Addresses and Po	
Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Addres	
STATE FIorida		Miami-Dade	(	
ADE P	s Statement of Organization is com	nplete, true and correct.  X Signature of Chairman of F	Political Committee	
2003 MAY -		olynature of Chairman of F	onicai committee	

#### STATE OF FLORIDA **CHECK APPROPRIATE BOX** APPOINTMENT OF CAMPAIGN TREASURER Original Appointment Deputy Treasurer AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR POLITICAL COMMITTEE Reappointment of Treasurer (Section 106.021(1), F.S.) Secondary Depository (PLEASE TYPE) 2. Mailing Address 1. Committee Name **High Pines Annexation Committee** 7525 SW 54th Ct 5. State 6. Zip Code Telephone (optional) 3. City 4. County Miami-Dade 33143 Miami FL (305)666-1868 Campaign Treasurer ~ Deputy Treasurer for the above named committee. The following person has been appointed to serve as 8. Street Address 7. Name of Treasurer or Deputy Treasurer 7525 SW 54th Ct Keith Donner 12. Zip Code 9. City 10. County 11. State Miami-Dade Miami FL 33143 have designated the following named bank as my Primary Depository Secondary Depository 14. Street Address 13. Bank Name (Mclude account number) 1493 Sunset Dr #200006021 18. Zip Code 16. County 17. State Miami-Dade 33143 FL Coral-Gables 20. Signature of Chairman 19. Name of Chairman Keith Donner Campaign Treasurer's Acceptance of Appointment Keith Donner , do hereby accept the appointment as (Please Print or Type) **High Pines Annexation Committee** Deputy Treasurer Campaign Treasurer Miami-Dade County, Florida, I am Committee. As a duly registered voter in 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



7525 SW 54th Ct. Miami, FL 33143









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ELECTIONS OF COUNTY

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Mailed 70m33143

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

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# 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					Date		
High Pines Annexation Committee					4/25/03		
Mailing Address (if post office box or drawer, please add street address)					Telephone		
7525 SW 54th Ct					(305) 666-1868		
City		County	Sta		Zip Code		
Miami		Miami-Dade		FL	33143		
2. Affiliated or Connected Orga	nizations	s (includes other committees of continu	uous	existence an	nd political com	nittees)	
Name of Affiliated or Connected Organization		Mailing Address		Relationship			
		Walling Address		Tielationship			
N/A							
3. Area, Scope and Jurisdiction	of the C	`ommittee		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
•			rato	nd Miami-D	ado Colunty	r-3	
(precincts 619, 641 and		e High Pines area of unincorpo	лан	tu Mianii-D	ade Coulliy	远后( 2003 APR	
((	•,.				(P) =	ARC CEC	
4. Natura of Ormanization on Or	ii	and Consideration and the large	اممال	lucation ata\	Z		
	ganizatio	on's Special Interest (e.g., medical, lega	u, ea	ucation, etc.)	<b>9</b> 0	****	
Annexation.					EP C	P <	
					RT.	<b>F</b>	
					聖式	VE® PM 4:52	
5. Identify by Name, Address ar	nd Positi	on, the Custodian of Books and Accou	nts (	include treas	urer's name)	<del></del>	
Full Name		Mailing Address	,	Committee Title or Position			
Keith Donner	7505			Chairman & treasurer			
Keilii Donnei	7525	SW 54th Ct, Miami, FL 33143		Chairmar	1 & treasurer		

(continued on reverse side)

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6. List by Name, Address and Committee, If Any (include	d Position, Other Principal Office chairman's name)	ers, Including Officers	and Memb	ers of the Finance				
Full Name	Mailing Addr	Mailing Address			Committee Title or Position			
N/A								
7. List by Name, Address, Off Supporting	fice Sought and Party Affiliation	Each Candidate or Ot	her Individ	lual that this Commi	ttee is			
Full Name	Mailing Address	Office	Sought	Pa	Party			
N/A								
8. List Any Issues this Comm	nittee is Supporting: None at t	this time.						
List Any Issues this Comm	nittee is Opposing: None at t	this time.						
N/A	rting the Entire Ticket of a Party,	•						
	n, What Disposition will be Made per Florida law (appropria		ata retur	'n).				
11. List all Banks, Safety Dep	osit Boxes, or Other Depositorie	s Used for Committee	Funds	777				
Name of Bank or Depor	sitory & Account Number	Mailing Address						
Bristol Bank #200006021		1	1493 Sunset Dr Coral Gables, FL 33143  APR 29 PH CORAL GABRES OF PAR					
12. List all Reports Required to of Such Officials, If Any	to be Filed by this Committee wi	th Federal Officials an	nd the Nam	nes, Addresses antil	Positions			
Report Title	Dates Required to be Filed	Name & Position of	Official	Mailing Addre	ess			
N/A								
STATE OF Florida	Miami-Dade COUNTY							
, Keith Donner				,				
certify that the information in this	s Statement of Organization is com	X Leiss	2///Chairman of	f Political Committee				

#### STATE OF FLORIDA **CHECK APPROPRIATE BOX** APPOINTMENT OF CAMPAIGN TREASURER ✔ Original Appointment Deputy Treasurer AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR POLITICAL COMMITTEE Reappointment of Treasurer (Section 106.021(1), F.S.) Secondary Depository (PLEASE TYPE) 1. Committee Name 2. Mailing Address **High Pines Annexation Committee** 7525 SW 54th Ct 5. State 6. Zip Code Telephone (optional) 3. City 4. County Miami Miami-Dade FL 33143 (305)666-1868 1 Campaign Treasurer Deputy Treasurer The following person has been appointed to serve as for the above named committee. 7. Name of Treasurer or Deputy Treasurer 8. Street Address 7525 SW 54th Ct Keith Donner 12. Zip Code 9. City 10. County 11. State Miami FL Miami-Dade 33143 I have designated the following named bank as my Primary Depository Secondary Depository 13. Bank Name (include account number) 14. Street Address 1493 Sunset Dr Bristol Bank #200006021 15. City 16. County 17. State Coral Gables Miami-Dade FL 19. Name of Chairman 20. Signature of Chairman Keith Donner 177 **Campaign Treasurer's Acceptance of Appointment** ₹., Keith Donner , do hereby accept the appointment as (Please Print or Type) **High Pines Annexation Committee** Campaign Treasurer Deputy Treasurer for the Miami-Dade Committee. As a duly registered voter in 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.

Signature of Campaign Treasurer or Deputy Treasurer

4/25/03

Date