

STATE OF FLORIDA  
 APPOINTMENT OF CAMPAIGN TREASURER  
 AND DESIGNATION OF CAMPAIGN  
 DEPOSITORY FOR POLITICAL COMMITTEES  
 AND ELECTIONEERING COMMUNICATION  
 ORGANIZATIONS

(Sections 106.011(1) & 106.021(1), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

2005 JAN -5 PM 12:11

ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment     Deputy Treasurer     Reappointment of Treasurer     Secondary Depository

1. Committee or Electioneering Communication Organization Name <i>MIAMI DADE VETERANS PARTY</i>		2. Mailing Address <i>11241 NW 7 ST #7</i>			
Telephone (optional)	3. City <i>MIAMI</i>	4. County <i>DADE</i>	5. State <i>FL</i>	6. Zip Code <i>33172</i>	

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 <i>STEVEN SENZIG</i>		8. Street Address <i>11241 NW 7 ST #7</i>			
9. City <i>MIAMI</i>	10. County <i>DADE</i>	11. State <i>FLORIDA</i>	12. Zip Code <i>33172</i>		

I have designated the following named bank as my  Primary Depository  Secondary Depository

13. Bank Name (include account number) <i>WASHINGTON MUTUAL 180 25 23 505</i>		14. Street Address <i>9501 W. FLAGLER ST.</i>			
15. City <i>MIAMI</i>	16. County <i>DADE</i>	17. State <i>FL</i>	18. Zip Code <i>33174</i>		

19. Name of Chairman <i>STEVEN SENZIG</i>	20. Signature of Chairman <i>X [Signature]</i>
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**Campaign Treasurer's Acceptance of Appointment**

I, *STEVEN SENZIG*, do hereby accept the appointment as  
 (Please Print or Type)

Campaign Treasurer     Deputy Treasurer    for the *MIAMI DADE VETERANS PARTY*

Committee or Organization. As a duly registered voter in *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.

*5 JAN 2005*  
Date

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

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE		OFFICE USE ONLY	
(PLEASE TYPE)		2005 JAN -5 PM 12:11 ELECTIONS DEPARTMENT	
1. Full Name of Committee		Date	
MIAMI DADE VETERANS PARTY		5 JAN 2005	
Mailing Address (if post office box or drawer, please add street address)		Telephone	
11241 NW 7 STREET #7		(305) 2258331	
City	County	State	Zip Code
MIAMI	DADE	FL	33172
2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)			
Name of Affiliated or Connected Organization	Mailing Address	Relationship	
VETERANS PARTY OF AMERICA FLORIDA STATE	4515 ETHAN WAY PLANT CITY FL 33563		
3. Area, Scope and Jurisdiction of the Committee			
DADE COUNTY FLORIDA			
4. Nature of Organization or Organization's Special interest (e.g., medical, legal, education, etc.)			
VETERANS PARTY			
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	
STEVEN MARK SENZIG	11241 NW 7 STREET #7 MIAMI FL 33172	COUNTY CHAIRMAN	

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
NA		

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
NA			

8. List Any Issues this Committee is Supporting: VETERANS ISSUES

List Any Issues this Committee is Opposing:

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party

VETERANS PARTY

10. In the Event of Dissolution, What Disposition will be Made 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
<u>WASHINGTON MUTUAL</u>	<u>9501 W. FLAGLER ST MIAMI FL 33174</u>

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

STATE OF FLORIDA COUNTY MIAMI DADE

I, STEVEN SENDZIG, certify that the information in this Statement of Organization is complete, true and correct, TO THE BEST OF MY KNOWLEDGE.

11:21 AM -5 JAN 2005

X   
Signature of Chairman of Political Committee