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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)		ER	2005 JAN -5 PM 12: 11		
			ELECTIONS DEPARTMENT		
CHECK APPROPRIATE	BOX:				
Original Appointment	Deputy Treasurer	Reappointment of Tr	reasurer Se	condary Depository	
	ring Communication Organizati	0		1.	
MIAMI DAD	EVETERANS P	AK) Y 1241	NW7ST	#7	
Telephone (optional)	3. City MIAMI	4. County DADE	5. State FL	6. Zip Code 33/72	
The following person has been appo	pinted to serve as Campaig	gn Treasurer	y Treasurer for the above i	named committee.	
7. Name of Treasurer or De	puty Treasurer	8. Street Address			
S TEVEL	SENZIG	11241	NW 7 ST =	#7	
9. City	10. County	11. State			
MIAMI	DAD			ip Code 3 / 7z	
MIAM I	DAD			3172	
M (A M ) I have designated the follow 13. Bank Name (include acc WASH M& TOM	ing named bank as my	Primary Depository 14. Street Address	ORIDA 3	3/7z	
M (A-M) I have designated the follow	ing named bank as my	Primary Depository 14. Street Address	0 <i>R</i> / <i>DA</i> 3 Secondary E <i>J. FLAGLER</i> 18. Z	3/7z	
M [AM] I have designated the follow 13. Bank Name (include acc $WASHINGTON$ $IBO 25$ 15. City $M I AMI$	ing named bank as my count number) MUTUAL 23505 16. County DADE	Primary Depository 14. Street Address 9507 17. State	ORIDA         3           Secondary E           I. FLAGLER           18. Z           13. Z	3/7z Depository ST ip Code	
$M \cap AM \cap$ I have designated the follow 13. Bank Name (include acc $WASH mathematical formula formula for a formula formula for a formula formu$	ing named bank as my count number) MUTUAL 23505 16. County DADE	Primary Depository          14. Street Address         9507         17. State         20. Signature of Ch         X	OKIDA 3 Secondary D W. FLAGLEK 18. Z L 33 airman	3/7z Depository ST ip Code	
M [AM] I have designated the follow 13. Bank Name (include acc $WA541M470M$ $IBO 25$ 15. City $M I AM I$ 19. Name of Chairman $STEVEN S$	ing named bank as my $\square$ count number) M4T4AL 2.3.5D5 16. County DADE $\overline{DADE}$	Primary Depository          14. Street Address         9507         17. State         20. Signature of Ch         X	OKIDA 3 Secondary D J. FLAGLEK 18. Z 3 3 nairman	3/7z Depository ST ip Code	
M [AM] I have designated the follow 13. Bank Name (include acc $WA541M470M$ $IBO 25$ 15. City $M I AM I$ 19. Name of Chairman $STEVEN S$	IDADA ing named bank as my sount number) MUTUAL 23505 16. County DADE DENZIG Campaign Treasurer SENZIG (Please Print or Type)	Primary Depository          14. Street Address         9507         17. State         20. Signature of Ch         X         *s Acceptance of A;	OKIDA 3 Secondary D J. FLAGLEK 18. Z 3 3 nairman	3/7z Depository 5T ip Code 174	
M [AM] I have designated the follow 13. Bank Name (include acc $WASHING TON IBO 25$ 15. City $M   AM  $ 19. Name of Chairman $STEVEN = S$ 1, $STEVEN = S$ Campaign Treasurer Committee or Organization.	ing named bank as my ing named bank as my indernal and the	Primary Depository          14. Street Address         9507         17. State         20. Signature of Ch         X         *s Acceptance of A;	OKIDA     3       Secondary D       Secondary D       FLAGLEK       18.Z       33.       airman       Jopointment	3/7z Depository 5T ip Code 174	
$M \cap AM \cap$ I have designated the follow 13. Bank Name (include acc $MASHMETON$ 15. City $M \cap AM \cap$ 19. Name of Chairman $STEVEN$ I, $STEVEN$ Campaign Treasurer Committee or Organization. qualified to accept this appoint	Image named bank as my         ing named bank as my         count number)         MUTUAL         23 575         16. County         DADE         DADE         DENZIG         Campaign Treasurer         SENZIG         (Please Print or Type)         Deputy Treasurer         As a duly registered voter in         ntment.	Primary Depository         14. Street Address         9507         17. State         20. Signature of Ch         X         's Acceptance of A;         for the         MADE	OKIPA     3       Secondary E       Secondary E       Image: Secondary E </td <td><math display="block">\frac{3}{772}</math> Depository <math display="block">\frac{57}{174}</math> ip Code <math display="block">\frac{174}{174}</math> of the appointment as <math display="block">\frac{175}{175}</math> unty, Florida, I am</td>	$\frac{3}{772}$ Depository $\frac{57}{174}$ ip Code $\frac{174}{174}$ of the appointment as $\frac{175}{175}$ unty, Florida, I am	
$M \cap AM \cap$ I have designated the follow 13. Bank Name (include acc $WASH METON$ 180 25 15. City $M \cap AM \cap$ 19. Name of Chairman $STEVEN$ I. Campaign Treasurer Committee or Organization. qualified to accept this appoin UNDER PENALTIES C	IDADA ing named bank as my [ sount number] MUTUAL 23505 16. County DADE DENZIG Campaign Treasurer SENZIG (Please Print or Type) Deputy Treasurer As a duly registered voter in ntment. DF PERJURY, I DECLARE THA EPTANCE OF APPOINTMENT	Primary Depository         14. Street Address         9507         17. State         20. Signature of Ch         X         's Acceptance of Ag         for the         MARCE         AT I HAVE READ THE FOR	OKIPA       3         Secondary E         Secondary E         Image: Seco	$\frac{3}{772}$ Depository $\frac{57}{174}$ ip Code $\frac{174}{174}$ of the appointment as $\frac{175}{175}$ unty, Florida, I am	

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STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE		·	OFFICE USE ONLY		
		2005 JAN -5 PM 12: 1			
(PLEAS	E TYPE)		ELÉĆ	TIONS DEPARTMENT	
1. Full Name of Committee				Date	
MIAMI DA	OE VETERANS	PARTY		5 JAN2005	
Mailing Address (if post office bo	ox or drawer, please add street add	ress)		Telephone	
11241 Nh	17 STREET #	7	•	(305) 225833	
City MIAMI	County DADE	St	ate FL	Zip Code 33172	
2. Affiliated or Connected Org	anizations (includes other comm	nittees of continuou	s existence	and political committees)	
Name of Affiliated or Connected Organization	Mailing Addre	SS		Relationship	
VETERANSPARTY OF AMERICA	4515 ETHAN PLANT CITY F				
FLORIDA STATE					
3. Area, Scope and Jurisdictic	In of the Committee	· · · · · · · · · · · · · · · · · · ·			
3. Area, Scope and Jurisdictic					
3. Area, Scope and Jurisdictic PADE COUN	イナ Y FLOIC I DA	g., medical, legal, et	lucation, etc	•)	
3. Area, Scope and Jurisdictic <i>PADE COUN</i> 4. Nature of Organization or O <i>VETERAN</i>	イナ Y FLOIC I DA				
3. Area, Scope and Jurisdictic <i>PADE COUN</i> 4. Nature of Organization or O <i>VETERAN</i>	イナタ FLORIDA rganization's Special Interest (e.g 8 PARTA	ooks and Accounts	(include trea		
<ul> <li>3. Area, Scope and Jurisdictic <i>DADE COUN</i></li> <li>4. Nature of Organization or O <i>VETERAN</i></li> <li>5. Identify by Name, Address a Full Name</li> </ul>	TY $FLORIDA$ rganization's Special Interest (e.g. $S$ $PARTf$ and Position, the Custodian of Bo         Mailing Address $11241$ $MW$ $TS$	ooks and Accounts ss で <i>REET</i> 样?	(include trea	surer's name)	
<ol> <li>Area, Scope and Jurisdictic PADE COUN</li> <li>Nature of Organization or O UETERAN 2</li> <li>Identify by Name, Address a</li> </ol>	ITY FLORIDA rganization's Special Interest (e.g. <i>PARTY</i> and Position, the Custodian of Bo	ooks and Accounts ss で <i>REET</i> 样?	(include trea	surer's name) imittee Title or Position	

	de chairman's name)		
Full Name	Mailing Add	Iress	Committee Title or Position
NA			
7. List by Name, Address, Supporting	Office Sought and Party Affiliation	n Each Candidate or Other Ind	ividual that this Committee is
Full Name	Mailing Address	Office Sought	Party
NA			
	· · · · ·	· · · .	
8. List Any Issues this Con List Any Issues this Con	nmittee is Supporting: <i>VETE</i>	RANS ISSUES	
	porting the Entire Ticket of a Party	, Give Name of Party	
	IS PARTY	,	
10. In the Event of Dissolut	ion, What Disposition will be Mad	e of Residual Funds?	
		· · · · ·	
11. List all Banks, Safety D	eposit Boxes, or Other Depositori	es Used for Committee Funds	
	eposit Boxes, or Other Depositorio		ng Address
	pository & Account Number		ng Address SLER ST
Name of Bank or Dep	bository & Account Number MWTUAL d to be Filed by this Committee w	Mailin 9501 W. FLAC MIAMI FL	ig Address GLER ST 3317 <b>4</b>
Name of Bank or Der WASHINGTON 12. List all Reports Require	bository & Account Number MWTUAL d to be Filed by this Committee w	Mailin 9501 W. FLAC MIAMI FL	ig Address GLER ST 3317 <b>4</b>
Name of Bank or Dep <i>UASHINGTON</i> 12. List all Reports Require of Such Officials, If Any	oository & Account Number MWTUAL d to be Filed by this Committee w	Mailin 9501 W. FCAC MIAMI FL ith Federal Officials and the N	ig Address SLER ST 3317 ames, Addresses and Positions
Name of Bank or Dep WA54 ING TOW 12. List all Reports Require of Such Officials, If Any Report Title	Dository & Account Number MUTUAL d to be Filed by this Committee with Dates Required to be Filed	Mailin 9501 W. FCA MIAMI FC ith Federal Officials and the Name & Position of Official	ig Address SCER ST 3317 ames, Addresses and Positions Mailing Address
Name of Bank or Dep WASHINGTON 12. List all Reports Require of Such Officials, If Any Report Title STATE OF <u>FLORID</u> STEVEN: SE	Dository & Account Number MUTUAL d to be Filed by this Committee wi Dates Required to be Filed Dates Required to be Filed	Mailin 9501 W. FCAd MIAMI FC ith Federal Officials and the N Name & Position of Official	Ig Address
Name of Bank or Dep <i>WIA54 INGTON</i> 12. List all Reports Require of Such Officials, If Any Report Title STATE OF <u>FLORID</u> <i>STEUED</i> , SE	Dository & Account Number MUTUAL  d to be Filed by this Committee wi Dates Required to be Filed	Mailin 9501 W. FCAd MIAMI FC ith Federal Officials and the N Name & Position of Official	Ig Address
Name of Bank or Dep <i>WIA54 INGTON</i> 12. List all Reports Require of Such Officials, If Any Report Title STATE OF <u>FUELIN</u>	Dository & Account Number MUTUAL d to be Filed by this Committee with Dates Required to be Filed Dates Required to be Filed	Mailin 950: W. FCA MIAMI FL ith Federal Officials and the No Name & Position of Official . certify that the information . certify that the information X. J.	ig Address SCER ST 3317 ames, Addresses and Positions Mailing Address

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