### **APPOINTMENT OF CAMPAIGN TREASURER** AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR POLITICAL COMMITTEES AND ELECTIONEERING COMMUNICATION ORGANIZATIONS**

# OFFICE USE ONLY

2008 JAN 10 PM 2: 40

HIAMI DADE COUNTY

| (Sections 106.011(1) and 106.021(1), F.S.)  | <u></u>   | -COLIOMS DEF               | PARTMENT         |  |
|---|---|----------------------------|------------------|--|
| CHECK APPROPRIATE BOX:  |   |                            |                  |  |
| Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer   |   |                            |                  |  |
| Committee or Organization   | 2. Account Number                                 | 3. Telephone               |                  |  |
| Informing Our Community: The Truth  |   | (305 <sub>)</sub> 992-1113 |                  |  |
| Name of Treasurer or Deputy Treasurer   | nal)  | 6. Telephone (optional)    |                  |  |
| Jose Perez  |   | ( )                        |                  |  |
| 7. Mailing Address 329 East 9th Street, #201, Hialeah, Florida 33010  |   |                            |                  |  |
| 8. Street Address   |   |                            |                  |  |
| Same  |   |                            |                  |  |
| 9. The following bank has been designated as the  | rimary Depository                                 | Seconda                    | ry Depository    |  |
| 10. Name of Bank  | 11. Street Address                                |                            |                  |  |
| Banco Popular   | Banco Popular 7900 Miami Lakes Drive West         |                            |                  |  |
| 12. City  | 13. State   |                            | 14. Zip Code     |  |
| Miami Lakes   | Flor  | ida                        | 33016            |  |
| 15. Signature of Charman  | 16. Name of Chairman (Print or Type)  Julio Ponce |                            |                  |  |
| Campaign Treasurer's Acceptance of Appointment  |   |                            |                  |  |
| Jose Perez , do hereby accept the appointment as  |   |                            |                  |  |
| treasurer or deputy treasurer for Informing Our Community: The Truth  |   |                            |                  |  |
| (Committee or Organization)   |   |                            |                  |  |
| 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. |   |                            |                  |  |
| 01/10/08 X  |   |                            |                  |  |
| Date  | Signature of Campa                                | ign Treasurer or [         | Deputy Treasurer |  |
| DS-DE 6 (Rev. 01/08)  |   |                            |                  |  |

# ELECTIONEERING COMMUNICATION STATEMENT OF ORGANIZATION

(PLEASE TYPE)

OFFICE USE ONLY

2008 JAN 10 PM 2: 40

MIAMI DADE COUNTY ELECTIONS DEPARTMENT

| 1. Full Name of Organization | • | Telephone |
|------------------------------|---|-----------|
|------------------------------|---|-----------|

Informing Our Community: The Truth

305-992-1113

Mailing Address (include city, state and zip code)

14160 Frontage Road, Suite 33, Miami Lakes, Florida 33016

Street Address (include city, state and zip code)

14160 Frontage Road, Suite 33, Miami Lakes, Florida 33016

#### 2. Affiliated or Connected Organizations

| Name of Affiliated or<br>Connected Organization | Mailing Address   | Relationship        |
|---|---|---------------------|
| The Truth For Our Community                     | 14160 Frontage Road<br>Suite 33<br>Miami Lakes, Florida 33016 | Political Committee |

#### 3. Area, Scope and Jurisdiction of the Organization

Miami-Dade County and Municipalities within Miami-Dade County

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

Local issues for Miami-Dade County and Municipalities

#### 5. Identify by Name, Address & Position, the Custodian of Books & Accounts (include treasurer's name)

| Full Name       | Mailing Address                                     | Committee Title or Position |
|-----------------|---|-----------------------------|
| Jose Perez, CPA | 329 East 9th Street, #201<br>Hialeah, Florida 33010 | Treasurer                   |

|   | *****   |                      |   |                             |  |
|---|---|----------------------|---|-----------------------------|--|
|   | nd Position, Other Principal (<br>ny (include chairman's name)        |                      | Officers and Mer  | nbers of the                |  |
| Full Name   | Mailing Addr  | Mailing Address      |   | Committee Title or Position |  |
| Julio Ponce   | 14160 Palmetto Frontage Road, Suite<br>33, Miami Lakes, Florida 33016 |                      | Chairperson   |                             |  |
|   | Office Sought and Party Affilia<br>(if none, please indicate)         | ation Each Candida   | ite or Other Indiv  | vidual that this            |  |
| Full Name   | Mailing Address   | Office               | Sought  | Party                       |  |
| None  |   |                      |   | £25.                        |  |
| 8. List Any Issues this Com   | mittee is Supporting: None  | -                    |   | 900Z                        |  |
| List Any Issues this Com  |   | y Question #3 (Sl    | ot Machines)  | INAL<br>SNOII               |  |
| 9. If this Committee is Supp  | orting the Entire Ticket of a   | Party, Give Name o   | f Party   |                             |  |
| N/A   |   |                      |   | PAR T                       |  |
| 10. In the Event of Dissolut  | ion, What Disposition will be   | Made of Residual F   | -unds?  | 를 하 않                       |  |
| Returned to Donors  |   |                      |   | <b>5</b>                    |  |
| 11. List all Banks, Safety De   | eposit Boxes, or Other Depos  | sitories Used for Co | mmittee Funds   |                             |  |
| Name of Bank or Depos   | sitory & Account Number   |                      | Mailing Address   | s                           |  |
| Banco Popular   | opular .  |                      | 7900 Miami Lakes Drive West<br>Miami Lakes, Florida 33016 |                             |  |
| 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 o    | f Official  | Mailing Address             |  |
| None  |   |                      |   |                             |  |
| STATE OF Florida  |   | Miami-Dad            | le  | COUNTY                      |  |
| I, Julio Ponce  | ·   | , certify that the i | nformation in this  | Statement of                |  |
| Organization is complete, true and correct.   |   |                      |   |                             |  |
| $\mathbf{x}$  | 1   |                      | January 1   | 0 206 D                     |  |
| * / / /   | nairman of Political Committee  | <del>-</del>         | D   | Pate                        |  |

## **REGISTERED AGENT** STATEMENT OF APPOINTMENT

(Section 106.022, F.S.)

OFFICE USE ONLY 2008 JAH 10 PM 2: 40 E. MAM DADE COM

| (Please Type)   |               | ELFC.              | TIONS DEPARTMENT       |  |
|---|---------------|--------------------|------------------------|--|
| Original Appointment Change of Appo   | pintment      |                    | THE MET                |  |
| Registered Ag   | ent and C     | Office Information | on                     |  |
| Name Julio Ponce  |               |                    | Telephone 305-992-1113 |  |
| Street Address 14160 Frontage Road, Suite 33  |               |                    |                        |  |
| Miami Lakes State Florida   |               | Zip Code 33016     |                        |  |
| Mailing Address 14160 Frontage Road   | d, Suite      | 33                 |                        |  |
| <sup>City</sup> Miami Lakes   |               |                    | Zip Code 33016         |  |
| 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 Division of Elections. |               |                    |                        |  |
|   |               | January 10, 2008   |                        |  |
| Signature of Registered Agent Date  |               |                    |                        |  |
| Former Registered Agent and Office Information (for changes only)   |               |                    |                        |  |
| Name  |               |                    | Telephone              |  |
| Street Address  |               |                    |                        |  |
| City  | State         |                    | Zip Code               |  |
| Committee or Organization Information   |               |                    |                        |  |
| Name of Committee or Organization Informing Our Community: The Truth  |               |                    |                        |  |
| Street Address 14160 Palmetto Frontage Road, Suite 33 Telephone 305-992-1113  |               |                    |                        |  |
| <sup>City</sup> Miami Lakes   | State Florida |                    | Zip Code 33016         |  |
| Committee or organization is registered with:   |               |                    |                        |  |
| ☐ Division of Elections ☐ County Miami-Dade ☐ City  |               |                    |                        |  |
|   |               |                    |                        |  |
| Signature of Chairperson  |               |                    |                        |  |
| Julio Ponce   |               | January            | January 10, 2008       |  |
| Print Name of Chairnerson   |               | Date               |                        |  |