

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR POLITICAL
COMMITTEES AND ELECTIONEERING
COMMUNICATION ORGANIZATIONS**
(Sections 106.011(1) and 106.021(1), F.S.)

OFFICE USE ONLY

CHECK APPROPRIATE BOX:

Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization ALLIANCE FOR COMMUNITY EXCELLENCE PAC, INC		2. Account Number	3. Telephone (305) 804-7228
4. Name of Treasurer or Deputy Treasurer JEAN DUBOFF		5. Email (optional)	6. Telephone (optional) (305) 9315881
7. Mailing Address 230 174TH STREET APT # 605			
8. Street Address SUNNY ISLES BEACH, FLORIDA 33160			
9. The following bank has been designated as the		<input checked="" type="checkbox"/> Primary Depository	<input type="checkbox"/> Secondary Depository
10. Name of Bank COLONIAL BANK		11. Street Address 18256 COLLINS AVE	
12. City SUNNY ISLES BEACH		13. State FLORIDA	14. Zip Code 33160
15. Signature of Chairman <i>X Jeanette Gatto</i>		16. Name of Chairman (Print or Type) JEANETTE GATTO	

RECEIVED
 2008 SEP -9 PM 2:23
 MIAMI DADE COUNTY
 ELECTIONS DEPARTMENT

Campaign Treasurer's Acceptance of Appointment

I, JEAN DUBOFF, do hereby accept the appointment as
(Please Print or Type)
 treasurer or deputy treasurer for Alliance For Community Excellence Pac, Inc
(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.**

September 4, 2008 *X Jean Duboff*
Date Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

1. Full Name of Committee

Telephone

ALLIANCE FOR COMMUNITY EXCELLENCE PAC, INC

305- 804-7228

Mailing Address (include city, state and zip code)

230 174TH STREET APT # 1203

Street Address (include city, state and zip code)

SUNNY ISLES BEACH, FLORIDA 33160

RECEIVED
 2008 SEP -9 PM 2:28
 MIAMI DADE COUNTY
 ELECTIONS DEPARTMENT

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 PROTECT AND PRESERVE THE QUALITY OF LIFE OF THE NORTHEAST AREA OF MIAMI-DADE COUNTY, FLORIDA

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

COMMUNITY AFFAIRS

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

JEAN DUBOFF

230 174TH STREET, APT # 605
SUNNY ISLES BEACH, FLORIDA
33160

TREASURER

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	
JEANETTE GATTO	230 174TH STREET, APT #1203 SUNNY ISLES BEACH, FLORIDA 33160	PRESIDENT	
7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)			
Full Name	Mailing Address	Office Sought	Party
8. List Any Issues this Committee is Supporting: THE PROTECTION OF QUALITY OF LIFE IN NORTHEAST DADE COUNTY, FLORIDA			
List Any Issues this Committee is Opposing:			
9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party			
10. In the Event of Dissolution, What Disposition will be Made of Residual Funds? RETURN TO CONTRIBUTORS			
11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds			
Name of Bank or Depository & Account Number		Mailing Address	
COLONIAL BANK		18256 COLLINS AVE, SUNNY ISLES BEACH, FLORIDA, 33160	
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 <u>FLORIDA</u>		DADE COUNTY	
I, <u>JEANETTE GATTO</u> , certify that the information in this Statement of Organization is complete, true and correct.			
X <u>Jeanette Gatto</u> Signature of Chairman of Political Committee		<u>9/3/08</u> Date	

RECEIVED
 2008 SEP - 9 PM 2:23
 MIAMI DADE COUNTY
 ELECTIONS DEPARTMENT