

**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.)

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MIAMI DADE
ELECTIONS

CHECK APPROPRIATE BOX:

Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization: DAPEC PAC
2. Account Number: _____
3. Telephone: (786) 284-7611

4. Name of Treasurer or Deputy Treasurer: MAIRALISA ROA
5. Email (optional): _____
6. Telephone (optional): () _____

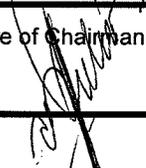
7. Mailing Address: PO Box 42-0545, Miami FL 33242-0545

8. Street Address: 2828 NW 17th Ave, Miami FL 33142

9. The following bank has been designated as the Primary Depository Secondary Depository

10. Name of Bank: BB&T
11. Street Address: 4651 Sheridan Street

12. City: Hollywood
13. State: Florida
14. Zip Code: 33021

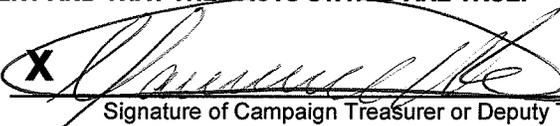
15. Signature of Chairman: 
16. Name of Chairman (Print or Type): Julio Martinez

Campaign Treasurer's Acceptance of Appointment

I, MAIRALISA ROA, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for DAPEC PAC
(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.**

06/03/2010
Date


Signature of Campaign Treasurer or Deputy 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
Julio Martinez	PO Box 42-0545 Miami FL 33242-0545	Chairman MIAMI DADE ELECTIONS

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
None			

8. List Any Issues this Committee is Supporting: Political involvement of Dominican Americans
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?

Contribution to a non-profit organization

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

Name of Bank or Depository & Account Number	Mailing Address
BB&T	4651 Sheridan Street Hollywood, FL 33021

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
None			

STATE OF Florida _____ Dade _____ COUNTY

I, Nestor Morillo, certify that the information in this Statement of Organization is complete, true and correct.

X

Signature of Chairman of Political Committee

NESTOR MORILLO
 Comm# DD6684083
 Expires 6/11/2011
 Date _____
 Florida Notary Assn., Inc



**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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MIAMI DADE
ELECTIONS

1. Full Name of Committee

DAPEC PAC

Telephone

786-284-7611

Mailing Address (include city, state and zip code)

PO Box 42-0545, Miami, FL 33242-0545

Street Address (include city, state and zip code)

2828 NW 17th Ave, Miami, FL 33142

2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

Name of Affiliated or
Connected Organization

Mailing Address

Relationship

None

3. Area, Scope and Jurisdiction of the Committee

MIAMI DADE

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

Civic involvement and political participation of Dominican Americans

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

*Mairalisa
Roa*

PO Box 42-0545
Miami, FL 33242-0545

Treasurer