

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

| | |
|--|---------------------------------|
| 1. Full Name of Committee Citizens United for Protecting Our Community | Telephone (305) 981-6502 |
|--|---------------------------------|

Mailing Address (include city, state and zip code)

122 Camilo Avenue
Coral Gables, FL 33134

Street Address (include city, state and zip code)

122 Camilo Avenue
Coral Gables, FL 33134

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

To influence the outcome of certain elections in Miami-Dade County.

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

None.

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 |
|-----------------|---|-----------------------------|
| Thomas M. David | 13725 SW 73rd Court Palmetto Bay, FL 33158 | Treasurer |

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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 |
|--------------|---|-----------------------------|
| Frank R. May | 122 Camilo Avenue Coral Gables, FL 33134 | Chairman |

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: Protection of quality of life issues.
List Any Issues this Committee is Opposing: Any issue that adversely affects quality of life.

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party
 Not applicable.

10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?
 Pro-ration of residual funds to original contributors.

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

| Name of Bank or Depository & Account Number | Mailing Address |
|--|--|
| Community Bank of Florida Account #: 8650310306 | 28801 SW 157th Avenue Homestead, FL 33033 |

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 |
|-----------------|----------------------------|-----------------------------|-----------------|
| IRS Form 8453-X | Committee Start-up | Not applicable. | |
| IRS Form 8871 | Committee Start-up | Not applicable. | |

STATE OF Florida Miami-Dade County COUNTY

I, Frank R. May, certify that the information in this Statement of

Organization is complete, true and correct.

X *Frank R. May* Signature of Chairman of Political Committee 7/19/2000 Date

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**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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CHECK APPROPRIATE BOX:

Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

| | | |
|--|-------------------|----------------------------------|
| 1. Committee or Organization Citizens United for Protecting Our Community | 2. Account Number | 3. Telephone (305) 981-6502 |
|--|-------------------|----------------------------------|

| | | |
|---|---------------------|---|
| 4. Name of Treasurer or Deputy Treasurer Thomas M. David | 5. Email (optional) | 6. Telephone (optional) (305) 356-7463 |
|---|---------------------|---|


7. Mailing Address
13725 SW 73rd Court, Palmetto Bay, FL 33158

8. Street Address
13725 SW 73rd Court, Palmetto Bay, FL 33158

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

| | |
|---|---|
| 10. Name of Bank Community Bank of Florida | 11. Street Address 28801 SW 157th Avenue |
|---|---|

| | | |
|---------------------------|-----------------|-----------------------|
| 12. City Homestead, FL | 13. State FL | 14. Zip Code 33033 |
|---------------------------|-----------------|-----------------------|


| | |
|---|--|
| 15. Signature of Chairman X  | 16. Name of Chairman (Print or Type) Frank R. May |
|---|--|

Campaign Treasurer's Acceptance of Appointment

I, Thomas M. David, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for Citizens United for Protecting Our Community
(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.

July 19, 2010
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

Print

Reset

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 CLERK OF COUNTY

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**
(Section 106.022, F.S.)

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- Original Appointment Change of Appointment
 Change of Mailing Address Change of Physical Address

Registered Agent and Office Information

Name **Frank R. May** Telephone **(305) 981-6502**

Street Address **122 Camilo Avenue**

City **Coral Gables** State **FL** Zip Code **33134**

Mailing Address **122 Camilo Avenue**

City **Coral Gables** State **FL** Zip Code **33134**

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.

Signature of Registered Agent _____ Date July 19, 2010

Former Registered Agent and Office Information (for changes only)

Name **Not applicable.** Telephone _____

Street Address _____

City _____ State _____ Zip Code _____

Committee or Organization Information


Name of Committee or Organization
Citizens United for Protecting Our Community

Street Address **122 Camilo Avenue** Telephone **(305) 981-6502**

City **Coral Gables** State **FL** Zip Code **33134**

Committee or organization is registered with:

- Division of Elections County Miami-Dade City _____


Signature of Chairperson

Frank R. May _____ Date July 19, 2010
Print Name of Chairperson Date

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**Campaign Treasurer's Report
Electronic Filing Requirements
for Miami-Dade County**



Candidate (office sought): _____

Political Committee: _____ Citizens United for Protecting Our Community

Party Executive Committee: _____

Other: _____

I, _____ Frank R. May
(Please print name of Candidate or Chairperson)

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understand that Campaign Treasurer's Reports must be filed electronically in order to comply with the Miami-Dade County requirements.

Additionally, a hard copy of the Campaign Treasurer's Reports must be printed from the Miami-Dade County Elections Department website and submitted by the reporting deadline with original signatures.

July 19, 2010

Signature of Candidate or Chairperson

Date

Day Time Telephone No: _____ (305) 981-6502

Email Address: _____ strategicpolitics@gmail.com

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.