

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

2010 SEP 29 PM 4:59

MIAMI-DADE  
ELECTIONS

## 1. Full Name of Committee

CITIZENS FOR TRUTH

Telephone

305-392-1945

Mailing Address (include city, state and zip code)

1825 PONCE DE LEON BOULEVARD, #303  
CORAL GABLES, FL 33134-4418

Street Address (include city, state and zip code)

1825 PONCE DE LEON BOULEVARD, #303  
CORAL GABLES, FL 33134-4418

## 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 COUNTY

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

EDUCATE AND INFORM VOTERS IN MIAMI-DADE COUNTY

## 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
JOSE A. RIESCO	95 MERRICK WAY, #250 CORAL GABLES, FL 33134	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
CARLOS ALVAREZ	EXEMPT BY LAW FSS 119.07(3)(I) 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:**

List Any Issues this Committee is Opposing: THE RECALL OF MIAMI-DADE MAYOR ALVAREZ

**9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party**

NONE

**10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?**

RETURNED TO DONORS PRORATA OR DONATED TO CHARITABLE 501(C)(3) ORGANIZATIONS

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

Name of Bank or Depository & Account Number	Mailing Address
GREAT FLORIDA BANK	701 NW 57 AVENUE MIAMI, FL 33126

**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

MIAMI-DADE  COUNTY

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

**X**   
Signature of Chairman of Political Committee

9/28/10  
Date

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 MIAMI-DADE COUNTY  
 ELECTIONS  
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**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR  
POLITICAL COMMITTEES**  
(Sections 106.011(1) and 106.021(1), F.S.)

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MIAMI DADE  
ELECTIONS

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

Original Appointment of Treasurer       Reappointment of Treasurer       Deputy Treasurer


1. Committee or Organization <b>CITIZENS FOR TRUTH</b>		2. Telephone (305 ) 392-1945	
3. Name of Treasurer or Deputy Treasurer <b>JOSE A. RIESCO</b>		4. Email (optional)	
		5. Telephone (optional) (305 ) 392-1945	
6. Mailing Address <b>1825 PONCE DE LEON BOULEVARD, #303, CORAL GABLES, FL 33134-4418</b>			
7. Street Address <b>1825 PONCE DE LEON BOULEVARD, #303, CORAL GABLES, FL 33134-4418</b>			
8. The following bank has been designated as the <input checked="" type="checkbox"/> <b>Primary Depository</b> <input type="checkbox"/> <b>Secondary Depository</b>			
9. Name of Bank <b>GREAT FLORIDA BANK</b>		10. Street Address <b>701 NW 57 AVENUE</b>	
11. City <b>MIAMI</b>		12. State <b>FL</b>	13. Zip Code <b>33126</b>
14. Signature of Chairman <b>X</b> 		15. Name of Chairman (Print or Type) <b>CARLOS ALVAREZ</b>	

**Campaign Treasurer's Acceptance of Appointment**

I, **JOSE A. RIESCO**, do hereby accept the appointment as  
(Please Print or Type)  
 treasurer or deputy treasurer for **CITIZENS FOR 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.**

9-28-10  
Date

**X**   
Signature of Campaign Treasurer or Deputy Treasurer


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

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FLORIDA  
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

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Original Appointment of Treasurer       Reappointment of Treasurer       Deputy Treasurer

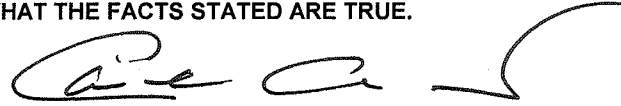
1. Committee or Organization CITIZENS FOR TRUTH		2. Telephone (305 ) 392-1945	
3. Name of Treasurer or Deputy Treasurer CARLOS ALVAREZ		4. Email (optional)	
5. Telephone (optional) (305 ) 392-1945			
6. Mailing Address 1825 PONCE DE LEON BOULEVARD, #303, CORAL GABLES, FL 33134-4418			
7. Street Address 1825 PONCE DE LEON BOULEVARD, #303, CORAL GABLES, FL 33134-4418			
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank GREAT FLORIDA BANK		10. Street Address 701 NW 57 AVENUE	
11. City MIAMI		12. State FL	13. Zip Code 33126
14. Signature of Chairman 		15. Name of Chairman (Print or Type) CARLOS ALVAREZ	

**Campaign Treasurer's Acceptance of Appointment**

I, CARLOS ALVAREZ, do hereby accept the appointment as  
(Please Print or Type)  
treasurer or deputy treasurer for CITIZENS FOR 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.

10/29/10  
Date

  
Signature of Campaign Treasurer or Deputy Treasurer

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

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MIAMI-DADE  
ELECTIONS

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

**Registered Agent and Office Information**

Name **CARLOS ALVAREZ**

Telephone **305-392-1945**

Street Address **EXEMPT BY LAW FSS 119.07(3)(I)**

City **CORAL GABLES**

State **FL**

Zip Code **33134**

Mailing Address **1825 PONCE DE LEON BOULEVARD, #303**

City **CORAL GABLES**

State **FL**

Zip Code **33134-4418**

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

9/28/10

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

**CITIZENS FOR TRUTH**

Street Address **1825 PONCE DE LEON BOULEVARD, #303**

Telephone **305-392-1945**

City **CORAL GABLES**

State **FL**

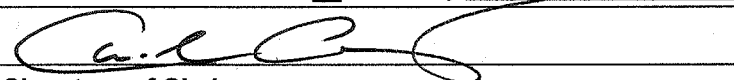
Zip Code **33134**

Committee or organization is registered with:

Division of Elections

County **MIAMI-DADE**

City \_\_\_\_\_



Signature of Chairperson

**CARLOS ALVAREZ**

Print Name of Chairperson

9/28/10

Date

**Receipt of Handbook and the  
Election Laws of the State of Florida**



**Candidate/Chairperson:**

CARLOS ALVAREZ

\_\_\_\_\_

First Name

Middle Name

Last Name

CITIZENS FOR TRUTH

\_\_\_\_\_

Office Sought / Organization

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**This is to acknowledge my receipt of the following documents:**

Handbooks Available	Edition	Downloaded from Internet	CD-Rom	Other
The Election Laws of the State of Florida		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Qualifying Handbook		<input type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	

Received by: \_\_\_\_\_  
 Candidate/Chairperson Signature

Date: 9/28/10

Phone No.: 305-392-1945

Fax No.: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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



- Candidate (office sought): \_\_\_\_\_
- Political Committee: \_\_\_\_\_ CITIZENS FOR TRUTH
- Party Executive Committee: \_\_\_\_\_
- Other: \_\_\_\_\_

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ELECTIONS

I, CARLOS ALVAREZ  
*(Please print name of Candidate or Chairperson)*

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.

      9/28/10  
Signature of Candidate or Chairperson      Date

Day Time Telephone No: 305-392-1945

Email Address: \_\_\_\_\_

*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.*