ELECTIONEERING COMMUNICATION STATEMENT OF ORGANIZATION

(PLEASE TYPE)

RECEIVED
2011 JAN 10 PM 3: 18

ELECTIONS DEPARTMENT

						OFFICE USE ONLY	
1. Full Name of Organization						Telephone	
Miami-Dade County Insurance Companies ECO						(305) 731-5171	
Mailing Address (include city, s		•				····	
Post Office Box 191328 Miami	Beach,	FL 33119				·	
Street Address (include city, state	-	,					
201 South Biscayne Boulevard	i, iviiami	FL 33131					
2. Affiliated or Connected Or	ganizati	ons					
Name of Affiliated or Connected Organization		Mailing Address				Relationship	
None		***					
				•			
3. Area, Scope and Jurisdiction Miami-Dade County. We support County.		_	the co	nstitutional an	nendmei	nts from the Miami-Dade	
4. Identify by Name, Address	& Posit	ion, the Custodian	of Bo	oks & Accou	nts for t	he Organization	
Full Name	M	Mailing Address Street Address Title or Position		Title or Position			
Joshua Larose	Post office Box 191328 Miami Beach, FL 33119		5401 Collins Avenue Miami Beach, FL 33140		1	Treasurer	
5. This Organization was form	ned (ch	eck applicable box	(): (Ca	lendar quarte	ers end	the last day of March, June,	
September, and December.) As a newly created organi	ization d	during the current	calend	lar quarter.			
☐ From an organization exis		-		•			

6. List By Name, Mailing and Street Address, & Position, Other Principal Officers, including the treasurer and deputy treasurer, if any. Include the top-ranking officer's (e.g., chairperson) name and information.				
Full Name	Mailing Address	1	Title or Position	
Joshua Larose	Post Office Box 191328 Miami Beach, FL 33119	5401 Collins Avenue Miami Beach, FL 33126 JAN		
		ELECTION	S DEFARIMEM:	
	·			
	· ·	Made of the Residual Funds?		
We will donate the money to t	the charitable organizations of	í America		
8. List All Banks, Safety De Communications	posit Boxes, or Other Depor	sitories Used by this Organizat	tion for Electioneering	
Name of Bank	k or Depository	Mailing A	ddress	
Bank of America		1414 Alton Road Miami Beach, FL 33139		
		ration with Federal Officials, & t	the Names, Addresses,	
& Positions of Such Office	icials, If Any			
Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address	
None				
STATE OF FLORIDA		MIAMI-DADE	COUNTY	
I, Joshua Larose		, certify that the informa	ation in this Statement of	
Organization is complete, true	e, and correct.	·		
Q.		•		
X Signature of Ton-ranking	g Principal Officer of Organiza	01/04/2011	Date	
Signature or Top-ranking	J Principal Officer of Organiza	.uon	Date	

REGISTERED AGENT

STATEMENT OF APPOINTMEI (Section 106.022, F.S.)	NT	2011.	ECEIVED JAN 10 PM 3: 18
✓ Original Appointment	tment	ELEO?	HOME BEPARTMEN
Change of Mailing Address Change of Physics	al Address	• • • • • • • • • • • • • • • • • • • •	
Registered Ag	ent and Off	ice Informatio	on
^{Name} Joshua Larose			Telephone (305) 731-5171
Street Address 5401 Collins Avenue			
^{City} Miami Beach	State FL		Zip Code 33140
Mailing Address Post Office Box 191328			
^{City} Miami Beach	State FL		^{Zip Code} 33119
I accept this appointment and confirm that I am forth in Section 106.022, F.S. I also understand statement of resignation and filing it with the Divis Signature of Registered Agent	d that I may re	esign this appoir	ntment by executing a written
Former Registered Agent a	nd Office In	iformation (fo	r changes only)
Name			Telephone
Street Address			
City	State		Zip Code
Committee or	Organizatio	on Informatio	n
Name of Committee or Organization Miami-Dade County Insurance Companie	s ECO		
Street Address 201 South Biscayne			Telephone (305) 731-5171
^{City} Miami	State FL		Zip Code 33131
Committee or organization is registered with:			'
☐ Divisign of Elections ☑ County Miami-[Dade	City	/
		_	
Signature of Chairperson			
Economist Joshua Larose		01/04/20	11
Print Name of Chairperson		Date	

OFFICE USE ONLY

Campaign Treasurer's Report Electronic Filing Requirements for Miami-Dade County 2011 JAN 10



	A SERVICE AND A	TONS DEPARTHENT
☐ Candidate (office sought):		50140
☐ Political Committee:		
☐ Party Executive Committee	e:	
⊠ Other:	Miami-Dade County Insurance Compar	nies ECO
l,	Joshua Larose Please print name of Candidate or Chairperson)	
	reasurer's Reports must be file	
	the Campaign Treasurer's Repo ns Department website and s res.	
De	·	
Lient		01/04/2011
Signature of Cand	lidate or Chairperson	Date
Day Time Telephone No: _	(305) 731-5	171
Email Address:	joshualarose fordadema	yor@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.

Receipt of Handbook and the MIAMIDADE Election Laws of the State of Florida (COUNT)



First Name Middle Name Last Na Miami-Dade County Insurance Companies ECO Office Sought / Organization This is to acknowledge my receipt of the following documents: Handbooks Available Edition Downloaded from Internet CD-Rom The Election Laws of the State of Florida Imain-Dade County Qualifying Handbook Imain-Dade County Qualifying Handbook Imain-Dade Committee The	5: 10				
First Name Middle Name Last Na Miami-Dade County Insurance Companies ECO Office Sought / Organization This is to acknowledge my receipt of the following documents: Handbooks Available Edition Downloaded from Internet The Election Laws of the State of Florida Miami-Dade County Qualifying Handbook Committee Handbook Electioneering Committee Handbook Electioneering Committee Handbook Candidate/Chairperson Signature	ELECTIONS จัยยังมาเพียน				
Miami-Dade County Insurance Companies ECO Office Sought / Organization This is to acknowledge my receipt of the following documents: Handbooks Available Edition Downloaded from Internet The Election Laws of the State of Florida Miami-Dade County Qualifying Handbook Committee Handbook Electioneering Committee Handbook Electioneering Committee Handbook Candidate/Chairperson Signature	Larose				
Office Sought / Organization This is to acknowledge my receipt of the following documents: Handbooks Available Edition Downloaded from Internet CD-Rom The Election Laws of the State of Florida IMI IMI IMI IMI IMI IMI IMI IMI IMI IM	Last Name				
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Received by: Candidate/Chairperson Signature	AND ADDRESS OF THE PROPERTY OF				
Candidate/Chairperson Signature	HILLIANS ALAKAMAN AMAMAN A				
04/04/2014					
Date: 01/04/2011					
Phone No.: (305) 731-5171 Fax No.:					