ELECTIONEERING COMMUNICATION STATEMENT OF ORGANIZATION

(PLEASE TYPE)

C 2011 JAN 10 PM 3: 16 ELECTIONS DEPARTMENT

						OFFICE USE ONLY	
1. Full Name of Organization					Telephone		
Miami-Dade County Libraries ECO				(305) 731-5171			
Mailing Address (include city, state and zip code)							
Post Office Box 191328 Miami Beach, FL 33119							
Street Address (include city, state and zip code)							
201 South Biscayne Boulevard, Miami FL 33131							
2. Affiliated or Connected Organizations							
Name of Affiliated or Connected Organization		Mailing Address				Relationship	
None							
3. Area, Scope and Jurisdiction of the Organization Miami-Dade County. We support or oppose the issues and the constitutional amendments from the Miami-Dade County.							
4. Identify by Name, Address & Position, the Custodian of Books & Accounts for the Organization							
Full Name	Mailing Address		Street Address		3	Title or Position	
shua Larose Post office Box 191328 Miami Beach, FL 33119		5401 Collins Avenue Miami Beach, FL 33140		I	Freasurer		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
5. This Organization was formed (check applicable box): (Calendar quarters end the last day of March, June, September, and December.)							
As a newly created organization during the current calendar quarter.							
From an organization existing prior to the current calendar quarter.							

Full Name			Title or Position	
	Mailing Address	Street Address		
Joshua Larose	Post Office Box 191328	5401 Collins Avenue	Chairman	
	Miami Beach, FL 33119	Miami Beach, FL 33140	JAN 10 PH 3: 16	
		ELECT	IOHS BEPANTMENT	
			•	
7. In the Event of Dissolu	ıtion, What Disposition will be	Made of the Residual Funds	s?	
We will donate the money	to the charitable organizations o	f America		
8. List All Banks, Safety Communications	Deposit Boxes, or Other Depo	sitories Used by this Organi	zation for Electioneering	
Name of Ba	ank or Depository	Mailing Address		
Bank of America		1414 Alton Road Miami Beach, FL 33139		
		1		
9. List All Reports Requi & Positions of Such C	red to be Filed by this Organiz Ifficials, If Any	ation with Federal Officials,	& the Names, Addresses,	
9. List All Reports Requi & Positions of Such C Report Title	red to be Filed by this Organiz officials, If Any Dates Required to be Filed	ration with Federal Officials, Name & Position of Official	& the Names, Addresses, Mailing Address	
& Positions of Such C	officials, If Any	T		
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& Positions of Such C Report Title None	officials, If Any	T		
& Positions of Such C Report Title None	officials, If Any	Name & Position of Official MIAMI-DADE	Mailing Address COUNTY	
& Positions of Such C Report Title None STATE OF FLORIDA	officials, If Any	Name & Position of Official MIAMI-DADE	Mailing Address	
& Positions of Such C Report Title None STATE OF FLORIDA	Dates Required to be Filed	Name & Position of Official MIAMI-DADE	Mailing Address COUNTY	
& Positions of Such C Report Title None STATE OF FLORIDA I, Joshua Larose	Dates Required to be Filed	Name & Position of Official MIAMI-DADE	Mailing Address COUNTY	
& Positions of Such C Report Title None STATE OF FLORIDA I, Joshua Larose	Dates Required to be Filed	Name & Position of Official MIAMI-DADE	Mailing Address COUNTY	

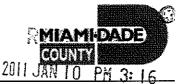
REGISTERED AGENT STATEMENT OF APPOINTMENT

OFFICE USE ONLY



(Section 106.022, F.S.)		高级的一个人,不是一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的		
•			2011 JAN 10 PM 3: 16	
✓ Original Appointment	ntment	17 1 18 1	rdagentus E gy iers departhem	
Change of Mailing Address Change of Physic	al Address			
Registered Ag	jent and Off	fice Information	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 understan statement of resignation and filing it with the Divi	nd that I may r	resign this appoin	ntment by executing a written	
Signature of Registered Agent		Date		
Former Registered Agent a	ınd Office lı	nformation (fo	r changes only)	
Name			Telephone	
Street Address				
City	State		Zip Code	
Committee or	Organizati	on Informatio	n	
Name of Committee or Organization Miami-Dade County Libraries ECO				
Street Address 201 South Biscayne	Telephone (305) 731-5171			
^{City} Miami	State FL		Zip Code 33131	
Committee or organization is registered with:	<u> </u>			
☐ Division of Elections ✓ County Miami-I	Dade	City		
August 1				
Signature of Chairperson				
Economist Joshua Larose		01/04/201	11	
Print Name of Chairperson		Date		

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



		ELECTIONS DEPAIRMENT
☐ Candidate (office sought):		CCCOTIONS DEPARTMENT
☐ Political Committee:		
☐ Party Executive Committee):	·
⊠ Other:	Miami-Dade County Libraries I	ECO
I,	Joshua Larose ease print name of Candidate or Chairperson	
, (Pla	ease print name of Candidate or Chairperson	9)
understand that Campaign Tocomply comply with the Miami	reasurer's Reports must be t	
Additionally, a hard copy of the Miami-Dade County Election deadline with original signature	s Department website and	•
Jan		01/04/2011
Signature of Candi	date or Chairperson	Date
Day Time Telephone No:	(305) 731-5171	
Email Address:	joshualaros efordade mayor@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 Election Laws of the State of Florida



2011 JAN 10 PM 3: 16 ELECTIONS DEPARTMENT Candidate/Chairperson: Larose Joshua Middle Name Last Name First Name Miami-Dade County Libraries ECO Office Sought / Organization This is to acknowledge my receipt of the following documents: Downloaded Edition CD-Rom Other Handbooks Available from Internet The Election Laws of the State of Florida X Miami-Dade County Qualifying Handbook Committee Handbook $\overline{\times}$ **Electioneering Committee Handbook** X Received by: _ Candidate/Chairperson Signature 01/04/2011 Date: (305) 731-5171 Phone No.: Fax No.: E-mail address: joshualarosefordademayor@gmail.com