

ELECTIONEERING COMMUNICATION STATEMENT OF ORGANIZATION

(PLEASE TYPE)

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FLORIDA
ELECTIONS DEPARTMENT

OFFICE USE ONLY

1. Full Name of Organization Miami-Dade County Medical Centers ECO		Telephone (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	Title or Position
Joshua Larose	Post office Box 191328 Miami Beach, FL 33119	5401 Collins Avenue Miami Beach, FL 33140	Treasurer
5. This Organization was formed (check applicable box): (Calendar quarters end the last day of March, June, September, and December.)			
<input checked="" type="checkbox"/> As a newly created organization during the current calendar quarter. <input type="checkbox"/> From an organization existing prior to the current calendar quarter.			

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	Street Address	Title or Position
Joshua Larose	Post Office Box 191328 Miami Beach, FL 33119	5401 Collins Avenue Miami Beach, FL 33140	Chairman 2011 JAN 10 PM 3:08 ELECTIONS DEPARTMENT

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

We will donate the money to the charitable organizations of America

8. List All Banks, Safety Deposit Boxes, or Other Depositories Used by this Organization for Electioneering Communications

Name of Bank or Depository	Mailing Address
Bank of America	1414 Alton Road Miami Beach, FL 33139

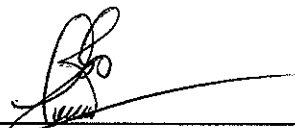
9. List All Reports Required to be Filed by this Organization with Federal Officials, & the Names, Addresses, & Positions of Such Officials, If Any

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
None			

STATE OF FLORIDA MIAMI-DADE COUNTY

I, Joshua Larose, certify that the information in this Statement of

Organization is complete, true, and correct.

X 
Signature of Top-ranking Principal Officer of Organization

01/04/2011

Date

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

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ELECTIONS DIVISION

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

Registered Agent and Office Information

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 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.



01/04/2011

Signature of Registered Agent

Date

Former Registered Agent and Office Information (for changes only)

Name Telephone

Street Address

City State Zip Code

Committee or Organization Information

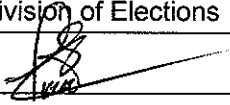
Name of Committee or Organization
Miami-Dade County Medical Centers ECO

Street Address **201 South Biscayne** Telephone **(305) 731-5171**

City **Miami** State **FL** Zip Code **33131**

Committee or organization is registered with:

- Division of Elections County **Miami-Dade** City _____



Signature of Chairperson

Economist Joshua Larose

Print Name of Chairperson

01/04/2011

Date

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



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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

- Candidate (office sought): _____
- Political Committee: _____
- Party Executive Committee: _____
- Other: Miami-Dade County Medical Centers ECO

I, Joshua Larose
(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.

 01/04/2011
Signature of Candidate or Chairperson Date

Day Time Telephone No: (305) 731-5171

Email Address: joshualarosefordademayor@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**



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Candidate/Chairperson:

ELECTIONS DEPARTMENT

Joshua		Larose
First Name	Middle Name	Last Name

Miami-Dade County Medical Centers ECO
Office Sought / Organization

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 checked="" type="checkbox"/>	<input type="checkbox"/>	

Received by: _____
Candidate/Chairperson Signature

Date: 01/04/2011 _____

Phone No.: (305) 731-5171 _____ **Fax No.:** _____

E-mail address: joshualarosefordademayor@gmail.com _____