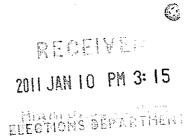
ELECTIONEERING COMMUNICATION STATEMENT OF ORGANIZATION

(PLEASE TYPE)



						OFFICE USE ONLY
1. Full Name of Organization						Telephone
Miami-Dade County Movie The	aters E	oo				(305) 731-5171
Mailing Address (include city, s						
Post Office Box 191328 Miami	Beach,	FL 33119				And the second s
Street Address (include city, state 201 South Biscayne Boulevard	٠.	•				
2. Affiliated or Connected Org	ganizati	ons				
Name of Affiliated or Connected Organization	Mailing Addrage Relationship		Mailing Address			
None						
3. Area, Scope and Jurisdiction Miami-Dade County. We support County.		_	I the co	onstitutional am	nendmer	nts from the Miami-Dade
4. Identify by Name, Address	& Posit	ion, the Custodian	of Bo	oks & Accour	nts for t	he Organization
Full Name	Ma	ailing Address		Street Address Title or Position		Title or Position
Joshua Larose				5401 Collins Avenue Miami Beach, FL 33140		Treasurer
		1				
5. This Organization was form	ned (ch	eck applicable bo	к): (Са	alendar quarte	rs end t	the last day of March, June,
September, and December.) As a newly created organi	ization (durina the current	calen	dar quarter.		
☐ From an organization exis		-		=		

Full Name	Mailing Address	Street Address	Title or Position			
Joshua Larose	Post Office Box 191328 Miami Beach, FL 33119	Miami Beach, FL 33 1 ք0լ ၂ <u>ֆի</u>	Chairman I 10 PM 3: 16			
7. In the Event of Dissol	lution, What Disposition will be	Made of the Residual Funds	; ;?			
	to the charitable organizations o					
8. List All Banks, Safety Communications	Deposit Boxes, or Other Depo	sitories Used by this Organiz	zation for Electioneering			
Name of B	ank or Depository	Mailing	Mailing Address			
Bank of America		1414 Alton Road Miami Beach, FL 33139				
9. List All Reports Requi & Positions of Such C	ired to be Filed by this Organiz Officials, If Any	 ∴ation with Federal Officials, ≀	& the Names, Addresses,			
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 inform	, certify that the information in this Statement of			
Organization is complete,	true, and correct.					
		•				
X &		01/04/2011				
Signature of Top-rank	king Principal Officer of Organiza	ation	Date			

REGISTERED AGENT STATEMENT OF APPOINTMENT

STATEMENT OF APPOINTMENT (Section 106.022, F.S.)	NT	2011 JAN 10 PM 3: 16
✓ Original Appointment	tment	ELECTIONS DEPARTMENT
Change of Mailing Address Change of Physica	al Address	
Registered Ag	ent and C	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 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	n and accept the obligations of the position as set by resign this appointment by executing a written tions. 01/04/2011 Date
Former Registered Agent a	nd Office	Information (for changes only)
Name		Telephone
Street Address		
City	State	Zip Code
Committee or	Organiza	ation Information
Name of Committee or Organization Miami-Dade County Movie Theaters ECC)	
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-I	Dade	City
Signature of Chairperson		
Economist Joshua Larose		01/04/2011
Print Name of Chairperson		Date

OFFICE USE ONLY

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



	Si P	TIONS DEPARTHENT
☐ Candidate (office sought):	the time with W.	
☐ Political Committee:		
☐ Party Executive Committee:		
⊠ Other:	Miami-Dade County Movie Theat	ers ECO
I,	Joshua Larose	
(Pleas	Joshua Larose e print name of Candidate or Chairperso	n)
understand that Campaign Trea comply comply with the Miami-D	asurer's Reports must be	
Additionally, a hard copy of the Miami-Dade County Elections deadline with original signatures.	Department website and	· ·
Saux		01/04/2011
Signature of Candida		Date
Day Time Telephone No:	(305) 73	1-5171
Email Address:	joshualarose fordade	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					
Candidate/Chairperson:	ee <mark>eo</mark> fions definition				
Joshua	Larose				
First Name	Middle Na	me	Last Name		
Miami-Dade County Movie Theaters ECO					
Office S	Sought / Or	ganization			
This is to acknowledge my receipt of the Handbooks Available	e following	documents: Downloaded from Internet	CD-Rom	Other	
The Election Laws of the State of Florida		X			
Miami-Dade County Qualifying Handbook	AND REPORT AND REPORT OF THE PROPERTY OF THE P				
Committee Handbook	And Madrick's markinde hashes hashes constrained for a define of A 1980 MA	×		HARI MATERIAN HORIN CORPORA (PROSPERSON IN AN ANALYSIS AND ANALYSIS ANALYSIS AND AN	
Electioneering Committee Handbook		X			
Received by:	indidate/Ch	nairperson Sig	nature		
Date: 01/04/2011	-				
Phone No.: (305) 731-5171	Fax	No.:			
	Same all				
E-mail address: joshualarosefordademayore	gmail.com				