

ELECTIONEERING COMMUNICATION STATEMENT OF ORGANIZATION

(PLEASE TYPE)

RECEIVED
2011 JAN 10 PM 3: 12

ELECTIONS DEPT. 2 THENT

						OFFICE USE ONLY
1. Full Name of Organization	•					Telephone
Miami-Dade County Supermark	kets ECC					(305) 731-5171
Mailing Address (include city, s	state and	zip code)				
Post Office Box 191328 Miami	Beach, I	FL 33119				
Street Address (include city, state 201 South Biscayne Boulevard	•	•				
2. Affiliated or Connected Organizations						
Name of Affiliated or Connected Organization	l 	Mailing	g Addres	ss		Relationship
None						
				:		
3. Area, Scope and Jurisdiction Miami-Dade County. We support County.		-	i the co	nstitutional am	nendmer	nts from the Miami-Dade
4. Identify by Name, Address	& Positi	on, the Custodiar	of Bo	oks & Accou	nts for t	he Organization
Full Name	Ma	ailing Address	,	Street Address	3	Title or Position
Joshua Larose		fice Box 191328 Beach, FL 33119		Collins Avenue Beach, FL 33		Treasurer
5. This Organization was form	ned (che	eck applicable bo	x): (Ca	lendar quarte	ers end	the last day of March, June,
September, and December.) As a newly created organi	ization d	lurina 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	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: 12 ELECTIONS DEPARTMENT			
7. In the Event of Dissolution	ı, What Disposition will be	Made of the Residual Fund	ls?			
We will donate the money to the second secon			ization for Electioneering			
Name of Bank of	or Depository	Mailir	ng Address			
Bank of America		1414 Alton Road Miami Beach, FL 33139				
9. List All Reports Required & Positions of Such Office	to be Filed by this Organiz ials, 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 Organization is complete, true,	and correct.	, certify that the infor	mation in this Statement of			
X Signature of Top-ranking I	Principal Officer of Organiza	01/04/2011 tion	 Date			

REGISTERED AGENT STATEMENT OF APPOINTMENT

OFFICE USE ONLY



我不会把我。这

(Section 106.022, F.S.) 2011 JAN 10 PM 3: 12 ELECTIONS DEPOSIT HOTEL ✓ Original Appointment Change of Appointment Change of Mailing Address Change of Physical Address **Registered Agent and Office Information** Telephone (305) 731-5171 Name Joshua Larose Street Address 5401 Collins Avenue Zip Code 33140 State FL ^{City} Miami Beach Mailing Address Post Office Box 191328 Zip Code 33119 ^{City} Miami Beach State FL 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 Supermarkets ECO Street Address 201 South Biscayne Telephone (305) 731-5171 State FL Zip Code 33131 ^{City} Miami Committee or organization is registered with: County Miami-Dade Division of Elections City Signature of Chairperson 01/04/2011 **Economist Joshua Larose Print Name of Chairperson** Date

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



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☐ Candidate (office sought):	EDEOTTORS DEPAR THEIR			
Candidate (office sought)				
☐ Political Committee:				
☐ Party Executive Committee:	,			
⊠ Other:	Miami-Dade County Supermarkets ECO			
l,(Please	Joshua Larose			
(Please	e print name of Candidate or Chairperson)			
understand that Campaign Treacomply comply with the Miami-Da	•	led electronically in order to		
Additionally, a hard copy of the Miami-Dade County Elections deadline with original signatures.	Department website and			
- June	•	01/04/2011		
Signature of Candida		Date		
Day Time Telephone No:	(305) 731-5171			
Email Address	joshualarosefordadem	ayor@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: 12				
Candidate/Chairperson:	ELECTIONS WEREAST MEN				
Joshua			Laros		
First Name	Middle Name		Last Name		
Miami-Dade County Supermarkets ECO					
	ought / Or	ganization			
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		×			
Miami-Dade County Qualifying Handbook	A TABLES AND AND AND THE STATE OF THE STATE				
Committee Handbook	econformation of about a short and a With Address	X			
Electioneering Committee Handbook	CANCELL MANAGER HANDERS LANDERS HANDERS HER	X			
Received by:Car	ndidate/Ch	nairperson Sig	nature		
Date: 01/04/2011					
Phone No.: (305) 731-5171	Fax	No.:			
F-mail address joshualarosefordademayor@	omail.com				