

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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DIVISION OF STATE
ELECTIONS DEPARTMENT

1. Full Name of Committee	Telephone
Jackson Memorial Hospital Employees PAC	(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 (includes other committees of continuous existence and political committees)

Name of Affiliated or Connected Organization	Mailing Address	Relationship
None		

3. Area, Scope and Jurisdiction of the Committee

Miami-Dade County. To support the issues and the constitutional amendments from the county.

4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)

Political

5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)

Full Name	Mailing Address	Committee Title or Position
Joshua Larose	Post Office Box 191328 Miami Beach, FL 33119	Treasurer

6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)

Full Name	Mailing Address	Committee Title or Position
Joshua Larose	Post Office Box 191328 Miami Beach, FL 33119	Chairman

7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)

Full Name	Mailing Address	Office Sought	Party
To be determined			

8. List Any Issues this Committee is Supporting: Health, Education, Property Taxes, Economy.
List Any Issues this Committee is Opposing: Government Corruptions, Crimes.

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party

No

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

We will donate the money to the charitable organizations of Florida.

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

Name of Bank or Depository & Account Number	Mailing Address
Bank of America	701 Brickell Avenue Miami, FL 33131

12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any

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

STATE OF FLORIDA COUNTY MIAMI-DADE

I, Joshua Larose, certify that the information in this Statement of Organization is complete, true and correct.

X

Signature of Chairman of Political Committee

01/03/2011
Date

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR
POLITICAL COMMITTEES**
(Sections 106.011(1) and 106.021(1), F.S.)

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CHECK APPROPRIATE BOX:

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Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization Jackson Memorial Hospital Employees PAC	2. Telephone (305) 731-5171
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3. Name of Treasurer or Deputy Treasurer Joshua Larose	4. Email (optional) joshualarosefordademayor@gmail.com	5. Telephone (optional) (305) 731-5171
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6. Mailing Address
Post Office Box 191328 Miami Beach, FL 33119

7. Street Address
5401 Collins Avenue Miami Beach, FL 33140

8. The following bank has been designated as the Primary Depository Secondary Depository

9. Name of Bank Bank of America	10. Street Address 701 Brickell Avenue
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11. City Miami	12. State FL	13. Zip Code 33131
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14. Signature of Chairman <input checked="" type="checkbox"/> 	15. Name of Chairman (Print or Type) Economist Joshua Larose
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Campaign Treasurer's Acceptance of Appointment

I, Joshua Larose, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for Jackson Memorial Hospital Employees PAC
(Committee or Organization)

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

01/03/2011

Date


Signature of Campaign Treasurer or Deputy Treasurer

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

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FLORIDA
DIVISION OF
ELECTIONS

- 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.


Signature of Registered Agent

01/03/2011

Date

Former Registered Agent and Office Information (for changes only)

Name Telephone

Street Address

City State Zip Code

Committee or Organization Information

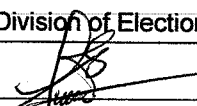
Name of Committee or Organization
Jackson Memorial Hospital Employees PAC

Street Address **201 South Biscayne Boulevard** 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

01/03/2011

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: Jackson Memorial Hospital Employees PAC
- Party Executive Committee: _____
- Other: _____

I, Economist 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.



01/03/2011

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**

MIAMI-DADE

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Candidate/Chairperson:

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Joshua		Larose
First Name	Middle Name	Last Name
Jackson Memorial Hospital Employees PAC		
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 checked="" 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: 01/03/2011

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

E-mail address: joshualarosefordademayor@gmail.com