

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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CLERK OF SUPERIOR COURT
ELECTIONS DEPARTMENT

1. Full Name of Committee

Miami-Dade County Congressmen PAC

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 (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 ELECTIONS DEPARTMENT

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 ☒

MIAMI-DADE ☒

COUNTY

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

Miami-Dade County Congressmen PAC

2. Telephone

(305) 731-5171

3. Name of Treasurer or Deputy Treasurer

4. Email (optional)

5. Telephone (optional)

Joshua Larose

joshualarosefordademayor@gmail.com

(305) 731-5171

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

11. City

Miami

12. State

FL

13. Zip Code

33131

14. Signature of Chairman

X



15. Name of Chairman (Print or Type)

Economist Joshua Larose

Campaign Treasurer's Acceptance of Appointment

I, Joshua Larose

(Please Print or Type)

, do hereby accept the appointment as

treasurer or deputy treasurer for

Miami-Dade County Congressmen PAC

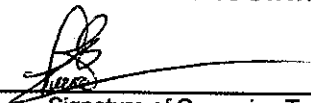
(Committee or Organization)

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

X



Signature of Campaign Treasurer or Deputy Treasurer

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

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ELECTIONS DEPARTMENT

- ☒ 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

Miami-Dade County Congressmen 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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ELECTIONS DEPARTMENT

☐ Candidate (office sought): _____

☒ Political Committee: _____ Miami-Dade County Congressmen 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.



Signature of Candidate or Chairperson

01/03/2011

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
REC'D

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Candidate/Chairperson:

CLERK OF COUNTY
ELECTIONS DEPARTMENT

Joshua

Larose

First Name

Middle Name

Last Name

Miami-Dade County Congressmen 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