

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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ELECTIONS DEPARTMENT

**1. Full Name of Committee**

Miami-Dade County Corporate Presidents 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

**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

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☐ Deputy Treasurer

(305 ) 731-5171

(305 ) 731-5171

Post Office Box 191328 Miami Beach, FL 33119

**5401 Collins Avenue Miami Beach, FL 33140**

☒

**701 Brickell Avenue**

33131

**X**

## Economist Joshua Larose

I, Joshua Larose, do hereby accept the appointment as \_\_\_\_\_  
(Please Print or Type)

(Committee or Organization)

01/03/2011

**X**

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 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 Corporate Presidents 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 Corporate Presidents 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  
COUNTY  
ELECTIONS DEPARTMENT

2011 JAN 10 PM 2:52

**Candidate/Chairperson:**

Joshua

Larose

First Name

Middle Name

Last Name

Miami-Dade County Corporate Presidents 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