

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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DECISIONS DEPARTMENT

**1. Full Name of Committee**

Miami-Dade County University Professors 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	2011 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 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 <b>Miami-Dade County University Professors PAC</b>	2. Telephone (305 ) 731-5171
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3. Name of Treasurer or Deputy Treasurer <b>Joshua Larose</b>	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 <b>Bank of America</b>	10. Street Address <b>701 Brickell Avenue</b>
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11. City <b>Miami</b>	12. State <b>FL</b>	13. Zip Code <b>33131</b>
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14. Signature of Chairman <b>X</b> 	15. Name of Chairman (Print or Type) <b>Economist Joshua Larose</b>
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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 Miami-Dade County University Professors 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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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 University Professors PAC**

Street Address **201 South Biscayne Boulevard**

Telephone **(305) 731-5171**

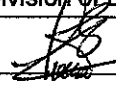
City **Miami**

State **FL**

Zip Code **33131**

Committee or organization is registered with:

- Division of Elections       County **Miami-Dade**       City \_\_\_\_\_

  
Signature of Chairperson

Economist Joshua Larose

01/03/2011

Print Name of Chairperson

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: Miami-Dade County University Professors 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

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**Candidate/Chairperson:**

MIAMI-DADE  
COUNTY  
ELECTIONS DEPARTMENT

Joshua		Larose
First Name	Middle Name	Last Name

Miami-Dade County University Professors 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