

**STATEMENT OF ORGANIZATION  
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**1. Full Name of Committee**

FRIENDS OF MIAMI-DADE COLLEGE

Telephone

305-237-3222

Mailing Address (include city, state and zip code)  
Friends of Miami-Dade College  
Miami Dade College Foundation Room 1401  
300 NE Second Avenue, Miami, Florida 33132

Street Address (include city, state and zip code)  
Friends of Miami-Dade College  
Miami Dade College Foundation Room 1401  
300 NE Second Avenue, Miami, Florida 33132

**2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)**

Name of Affiliated or Connected Organization	Mailing Address	Relationship
N/A		

**3. Area, Scope and Jurisdiction of the Committee**

County Wide Issues

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

Education

**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
Marta J. Mitzenmacher	Miami Dade College Foundation Department, Room 1401 300 NE Second Avenue Miami, FL 33132	Treasurer
Julia Vives	Miami Dade College Foundation Department Room 1401 300 NE Second Avenue Miami, FL 33132	Deputy 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
Louis Wolfson III	9400 S. Dadeland Blvd., Suite 100 Miami, FL 33156	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
N/A			

**8. List Any Issues this Committee is Supporting:** Education Funding  
**List Any Issues this Committee is Opposing:** None

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

**10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?**  
 Upon dissolution, any residual funds will be contributed to a political committee with similar purpose or to a 501 (C-3) organization with an education related purpose.

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

Name of Bank or Depository & Account Number	Mailing Address
Regions Bank	Mary Brickell Village 901 S. Miami Ave., Suite 210 Miami, FL 33130

**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

STATE OF Florida COUNTY Miami-Dade

I, Louis Wolfson III, certify that the information in this Statement of Organization is complete, true and correct.

**X**  Signature of Chairman of Political Committee  
1/11/24 Date

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**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR  
POLITICAL COMMITTEES**  
(Sections 106.011(2) and 106.021(1), F.S.)

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ELECTIONS DEPARTMENT

**CHECK APPROPRIATE BOX:**

Initial Filing for:  Primary Treasurer  Deputy Treasurer

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Re-filing to Change:  Primary Treasurer  Deputy Treasurer  Primary/Secondary Depository

1. Committee FRIENDS OF MIAMI-DADE COLLEGE		2. Telephone (305 )237-3222	
3. Name of Treasurer or Deputy Treasurer Marta J. Mitzenmacher		4. Email (optional) mmitzenm@mdc.edu	
5. Telephone (optional) (305 )926-6777			
6. Mailing Address Miami-Dade College Foundation Department, Room 1401, NE Second Avenue. Miami, FL 33132			
7. Street Address Miami-Dade College Foundation Department, Room 1401, NE Second Avenue. Miami, FL 33132			
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank Regions Bank		10. Street Address Mary Brickell Village 901 S. Miami Ave., Suite 210	
11. City Miami		12. State FL	13. Zip Code 33130
14. Signature of Chairman 		15. Name of Chairman (Print or Type) Louis Wolfson III	

**Campaign Treasurer's Acceptance of Appointment**

I, Marta J. Mitzenmacher, do hereby accept the appointment as  
(Please Print or Type)

treasurer or deputy treasurer for FRIENDS OF MIAMI-DADE COLLEGE  
(Committee)

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.

1/11/24  
Date

  
Signature of Campaign Treasurer or Deputy Treasurer



**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR  
POLITICAL COMMITTEES**  
(Sections 106.011(2) and 106.021(1), F.S.)

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ELECTIONS DEPARTMENT

**CHECK APPROPRIATE BOX:**

Initial Filing for:     Primary Treasurer     Deputy Treasurer

Re-filing to Change:     Primary Treasurer     Deputy Treasurer     Primary/Secondary Depository

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1. Committee FRIENDS OF MIAMI DADE COLLEGE		2. Telephone (305 ) 237-3222	
3. Name of Treasurer or Deputy Treasurer Julia Vives		4. Email (optional) jvives@mdc.edu	
5. Telephone (optional) (314 ) 412-1714			
6. Mailing Address Miami Dade College Foundation Department, Room 1401, NE Second Avenue. Miami, FL 33132			
7. Street Address Miami Dade College Foundation Department, Room 1401, NE Second Avenue. Miami, FL 33132			
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank <i>Regions Bank</i>		10. Street Address <i>Mary Brickell Village 901 S. MIAMI AVE., Suite 210</i>	
11. City		12. State	13. Zip Code
14. Signature of Chairman <b>X</b> 		15. Name of Chairman (Print or Type) Louis Wolfson III	

**Campaign Treasurer's Acceptance of Appointment**

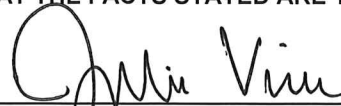
I, Julia Vives, do hereby accept the appointment as  
(Please Print or Type)  
treasurer or deputy treasurer for FRIENDS OF MIAMI-DADE COLLEGE  
(Committee)

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.

*1/11/24*

Date

**X**



Signature of Campaign Treasurer or Deputy Treasurer