ELECTIONEERING COMMUNICATIONS ORGANIZATION

STATEMENT OF ORGANIZATION

(PLEASE TYPE)

2024 APR 30 PM 12: 36

BROWARD COUNTY SUPERVISOR OF ELECTIONS

						OFFICE USE ONLY
1. Full Name of Organization Stronger Together					Telephone 305-331-1442	
Mailing Address (include city, state and zip code) 3840 SW 26th Street, West Park, FL 33023					est Park, FL 33023	
Street Address (include city, state and zip code) Same as above						
2. Affiliated or Connected Organizations						
Name of Affiliated or Connected Organization		Mailing Address		Relationship		
N/A						٢
3. Area, Scope and Jurisdiction of the Organization Broward County, support candidates and issues.						
4. Identify by Name, Address & Position, the Custodian of Books & Accounts for the Organization						
Full Name	Mailing Address		Street Address		3	Title or Position
Barbara Hardemon	3840 SW 26th Street, West Park, FL 33023		3840 SW 26th Street, West Park, FL 33023			Chairperson and Freasurer
5. This Organization was form September, and December.) As a newly created organi From an organization exis	zation o	during the current	calend	lar quarter.	ers end t	the last day of March, June,

6. List By Name, Mailing an deputy treasurer, if any. In	nd Street Address, & Position clude the top-ranking office	n, Other Principal Officers, in er's (e.g., chairperson) name a	cluding the treasurer and and information.		
Full Name	Mailing Address	Street Address	Title or Position		
To be determined later					
Donation to a 501(C)3 no	on-profit	Made of the Residual Funds			
Communications	posit boxes, or Other Depos	sitories Used by this Organiz	ation for Electioneering		
	or Depository	Mailing Address			
Regions Bank		450 North Park Road Hollywood, FL 33021			
9. List All Reports Required & Positions of Such Offi	to be Filed by this Organiz	ation with Federal Officials, 8	the Names, Addresses,		
Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address		
N/A					
STATE OF Florida		Broward	COUNTY		
Organization is complete, true		, certify that the inform	ation in this Statement of		
X Signature of Top-ranking	g Principal Officer of Organiza	tion 4/3	30/24 Date		

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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SUPERVISOR OF ELECTIONS

CHECK APPROPRIATE BOX:				
Initial Filing for: Primary Treasurer Deputy Treasurer			OFFICE USE ONLY	
			OFFICE OSE ONET	
Re-filing to Change: Primary Treasurer Deputy Treasurer	Primary/Sec	condary Depository		
1. Committee		2. Telephone		
Stronger Together		(305) 331-1	442	
Name of Treasurer or Deputy Treasurer 4. Email (optional))	5. Telephone (optional)		
Barbara Hardemon Bhardemon@ac	ol.com	m ()		
6. Mailing Address 3840 SW 26th Street, West Park, FL 33023				
7. Street Address Same as above				
8. The following bank has been designated as the Prin	nary Deposito	ry Secondar	y Depository	
9. Name of Bank	10. Street Add	dress		
Regions Bank	450 North	Park Road		
11. City	4	2. State	13. Zip Code	
Hollywood	Fl	L	33023	
14. Signature of Chairman		Chairman (Print or Type)	
X Brenn	Barbara H	lardemon		
Campaign Treasurer's Ac	ceptance c	of Appointment		
, Barbara Hardemon		do hereb	y accept the appointment as	
(Please Print or Type)		, do nereby	у ассерт те арропшнеттаѕ	
treasurer or deputy treasurer for	Tronge	nmittee) gethe		
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HA ACCEPTANCE OF APPOINTMENT AND	AVE READ THI THAT THE FA	E FOREGOING CAMP.	AIGN TREASURER'S LUE.	
4/30/24 X	1	n Ten	aby	
(Date "	Signature of Ca	ampaign Treasurer or D	Deputy Treasurer	

REGISTERED AGENT STATEMENT OF APPOINTMENT

(Section 106.022, F.S.)

OFFICE USE ONLY 2024 APR 30 PM 12: 36

BROWAND COUNTY SUPERVISOR OF ELECTIONS

		SUPERVISOR OF ELECTIONS		
Original Appointment Change of Appoint Change of C				
Change of Mailing Address				
Name Barbara Hardemon		Telephone 305-331-1442		
Street Address 3840 SW 26th Street				
City West Park	State Florida	Zip Code 33023		
Mailing Address Same as above				
City	State	Zip Code		
I accept this appointment and confirm that I am forth in Section 106.022, F.S. I also understand statement of resignation and filing it with the application.	d that I may resign th			
Signature of Registered Agent		Date		
Former Registered Agent a	nd Office Informa	ition (for changes only)		
Name N/A	ind Office Informa	Telephone		
Name	nd Office Informa			
Name N/A	nd Office Informa			
Name N/A Street Address City		Telephone Zip Code		
Name N/A Street Address City	State	Telephone Zip Code		
Name N/A Street Address City Committee or	State	Telephone Zip Code		
Name N/A Street Address City Committee or Name of Committee or Organization	State	Telephone Zip Code		
Name N/A Street Address City Committee or Name of Committee or Organization Stronger Together Street Address	State	Zip Code prmation		
Name N/A Street Address City Committee or Name of Committee or Organization Stronger Together Street Address 3840 SW 26th Street City	State Organization Info	Telephone Zip Code Telephone Zip Code 33023		
Name N/A Street Address City Committee or Name of Committee or Organization Stronger Together Street Address 3840 SW 26th Street City West Park	State Organization Info	Zip Code Telephone Telephone Zip Code		