

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

2015 DEC 11 PM 3:37
BROWARD COUNTY
SUPERVISOR OF ELECTIONS

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization <i>Idson Charles for Congress</i>		2. Telephone <i>(786) 422 2063</i>	
3. Name of Treasurer or Deputy Treasurer <i>Nadege Lafleur</i>		4. Email (optional) <i>()</i>	
5. Telephone (optional) <i>()</i>			
6. Mailing Address <i>P.O. Box 840655, Pembroke Pines, FL 33084</i>			
7. Street Address <i>P.O. Box 840655, Pembroke Pines, FL 33084</i>			
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>BB&T</i>		10. Street Address <i>11200 Pines Blvd</i>	
11. City <i>Pembroke Pines</i>		12. State <i>FL</i>	13. Zip Code <i>33026</i>
14. Signature of Chairman <input checked="" type="checkbox"/> <i>[Signature]</i>		15. Name of Chairman (Print or Type) <i>Idson Pierre-Charles</i>	

Campaign Treasurer's Acceptance of Appointment

I, *Nadege LaFLEUR*, do hereby accept the appointment as
(Please Print or Type)
 treasurer or deputy treasurer for *Idson Charles for Congress*
(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.**

12/11/15 *[Signature]*
 Date Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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BROWARD COUNTY
SUPERVISOR OF ELECTIONS

1. Full Name of Committee

Idson Charles for Congress

Telephone

(786)
422 2063

Mailing Address (include city, state and zip code)

P.O. Box 840655, Pembroke Pines, FL 33084

Street Address (include city, state and zip code)

P.O. Box 840655, Pembroke Pines, FL 33084

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	N/A	N/A

3. Area, Scope and Jurisdiction of the Committee

U.S. House of Representatives political committee for federal office in Florida's Congressional district 24.

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

Quality of Life Issues

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
Pierre-Charles, Idson	P.O. Box 840655, Pembroke Pines FL 33084	Candidate
Lafleur, Nadege	P.O. Box 840655, Pembroke Pines 33084	Campaign 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
Lafleur, Nadege	P.O. Box 840655 Pembroke Pines FL 33084	Treasurer

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
TBD			

8. List Any Issues this Committee is Supporting: TBD

List Any Issues this Committee is Opposing: TBD

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?

Pro rata return to contributors per FLA. law

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

Name of Bank or Depository & Account Number	Mailing Address
BB & T	11200 Pines Blvd Pembroke Pines, FL 33026

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
N/A	N/A	N/A	N/A

STATE OF FLORIDA COUNTY BROWARD

I, Pierre-Charles, Idson, certify that the information in this Statement of

Organization is complete, true and correct.

X 
Signature of Chairman of Political Committee

12-11-15
Date

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

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2015 DEC 14 PM 3:27

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

- Original Appointment Change of Appointment
 Change of Mailing Address Change of Physical Address

Registered Agent and Office Information

Name Nadege Lafleur Telephone 954 822 4794

Street Address P.O. Box 840655

City Pembroke Pines State FL Zip Code 33084

Mailing Address P.O. Box 840655

City Pembroke Pines State FL Zip Code 33084

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 applicable filing officer.


Signature of Registered Agent

12/13/15
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 Idson Charles for Congress

Street Address P.O. Box 840655 Telephone

City Pembroke Pines State FL Zip Code 33084



Signature of Chairperson

Idson Pierre-Charles

Printed Name of Chairperson

12/13/15
Date