

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

2016 MAR -2 PM 2:35
BROWARD COUNTY
SUPERVISOR OF ELECTIONS

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization Citizens Over Public Safety (COPS)	2. Telephone (954) 583-3223 x101
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3. Name of Treasurer or Deputy Treasurer Jack Milbery	4. Email (optional)	5. Telephone (optional) ()
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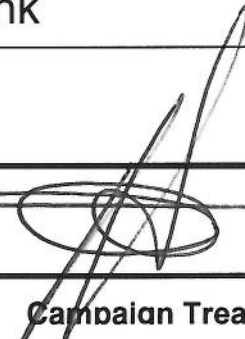
6. Mailing Address
2800 West State Road 84, Ste 105, Ft. Lauderdale, FL 33312

7. Street Address
2800 West State Road 84, Ste 105, Ft. Lauderdale, FL 33312

8. The following bank has been designated as the Primary Depository Secondary Depository

9. Name of Bank SunTrust Bank	10. Street Address 8200 West Broward Boulevard
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11. City Plantation	12. State FL	13. Zip Code 33324-2702
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14. Signature of Chairman 	15. Name of Chairman (Print or Type) Dr. Michael J. Cohen
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Campaign Treasurer's Acceptance of Appointment

I, Jack Milbery, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for Citizens Over Public Safety (COPS)
(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.

24 February 2016
Date


Signature of Campaign Treasurer or Deputy Treasurer

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

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SUPERVISOR OF ELECTIONS

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

Registered Agent and Office Information

Name Jack Milbery		Telephone 954-583-3223 x101
Street Address 2800 West State Road 84, Ste 105		
City Ft. Lauderdale	State FL	Zip Code 33312
Mailing Address 2800 West State Road 84, Ste 105		
City Ft. Lauderdale	State FL	Zip Code 33312

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.



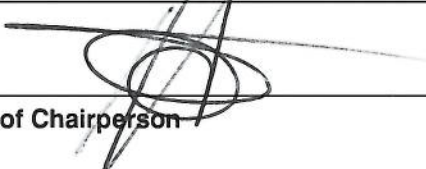
Signature of Registered Agent 24 February 2016
Date

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 Citizens Over Public Safety (COPS)		
Street Address 2800 West State Road 84, Ste 105		Telephone 954-583-3223 x101
City Ft. Lauderdale	State FL	Zip Code 33312



Signature of Chairperson Dr. Michael J. Cohen
Printed Name of Chairperson 22 February 2016
Date

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

OFFICE USE ONLY

03/02/2016

1. Full Name of Committee

Citizens Over Public Safety (COPS)

Telephone

954 583 3323

Mailing Address (include city, state and zip code)

2800 West State Road 84, Ste 105, Ft. Lauderdale, FL 33312

Street Address (include city, state and zip code)

2800 West State Road 84, Ste 105, Ft. Lauderdale, FL 33312

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

To make contributions to statewide, legislative, multi-county and local candidates; candidate and issue political committees; political parties; electioneering communications organizations; and to engage in independent expenditure, electioneering, and miscellaneous advertising.

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

Effective Law Enforcement

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

Jack Milbery

2800 West State Road 84, Ste 105
Ft. Lauderdale, FL 33312

Treasurer

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 DIVISION OF ELECTIONS

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
Dr. Michael J. Cohen	1848 N. Nob Hill Road Plantation, FL 33322	Chairman
Jack Milbery	2800 West State Road 84, Ste 105 Ft. Lauderdale, FL 33312	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
To be determined			

8. List Any Issues this Committee is Supporting: None at this time
List Any Issues this Committee is Opposing: None at this time

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?
 Residual funds will be distributed to an IRC 527 entity

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

Name of Bank or Depository & Account Number	Mailing Address
SunTrust Bank Account No. To be determined	8200 West Broward Boulevard Plantation, FL 33324-2702

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
IRS Form 8871 IRS Form 1120-POL IRS Form 990	Upon Creation March 15 Annually May 15 Annually	IRS	Ogden, UT 84201

BROWARD COUNTY
 SUPERVISOR OF ELECTIONS
 2016 MAR -2 PM 2:36

STATE OF Florida Broward COUNTY

I, Dr. Michael J. Cohen, certify that the information in this Statement of Organization is complete, true and correct.

X

Signature of Chairman of Political Committee

Date

3/1/16