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: Original Appointment of Treasurer Reappoin	ntment of Treasurer		OFFICE USE ONLY Deputy Treasurer	
Committee or Organization Moving Broward Forward		2. Telephone (954) 361-6	,57) 375 1	
Name of Treasurer or Deputy Treasurer		5. Telephone (optional) (57) (954) 361-6751		
6. Mailing Address 333 Las Olas Way, CU4, Fort Lau	derdale, Fl	_ 33301		
7. Street Address 333 Las Olas Way, CU4, Fort Lauderdale, FL 33301				
8. The following bank has been designated as the Prin	mary Depository	Seconda	ry Depository	
9. Name of Bank	10. Street Address		-6	
Bank United	900 SE T	hird Ave	, Ste. 100	
Ft. Lauderdale	12. State		13. Zip Code 33316	
14. Signature of Chairman	15. Name of Chain Daniel Ste	20	e)	
Campaign Treasurer's Acceptance of Appointment				
Anthony Brunson		, do hereb	y accept the appointment as	
(Please Print or Type) treasurer or deputy treasurer for Moving Broward Forward (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.				
X	Signature of Campa	ign Treasurer or E	Deputy Treasurer	

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

SROWARD
SROWARD
OFFICE USE ONLY

1.	Full	Name	of Co	mmittee

Moving Broward Forward

Telephone N
954-361-6751
5 657

Mailing Address (include city, state and zip code)

333 Las Olas Way, CU4, Ft. Lauderdale, FL 33301

Street Address (include city, state and zip code)

333 Las Olas Way, CU4, Ft. Lauderdale, FL 33301

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship
None	100 Maria 100 Ma	

3. Area, Scope and Jurisdiction of the Committee

To advocate for the approval of county-wide ballot proposals relating to transportation projects and infrastructure funding.

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

Broward County's Future Needs

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
Anthony Brunson	333 Las Olas Way, CU4 Ft. Lauderdale, FL 33301	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 Addr	Mailing Address		mmittee 7	Title or Position
Anthony Brunson Daniel Sternmer Lois Wexler	333 Las Olas Way, CU4 Ft. Lauderdale, FL 33301 2024 Pompeii Court, West 510 Torchwood Avenue Plantation, FL 33324	333 Las Olas Way, CU4 Ft. Lauderdale, FL 33301 2024 Pompeii Court, Weston, FL 33327 510 Torchwood Avenue		Treasurer Chairman Vice-Chairman	
7. List by Name, Address, Committee is Supportin	, Office Sought and Party Affiliang (if none, please indicate)	ation Each Candidat	te or Oth	er Individ	dual that this
Full Name	Mailing Address	Office	Sought		Party
N/a					
8. List Any Issues this Con List Any Issues this Con		y-wide ballot propo ts and infrastructur at this time	sals rela re fundin	ating to t	ransportation
9. If this Committee is Sup n/a	pporting the Entire Ticket of a l	Party, Give Name of	Party		
	ution, What Disposition will be tributed to an IRC 501(c) entity s			bjectives	of the Committee.
11. List all Banks, Safety [Deposit Boxes, or Other Depos	sitories Used for Co	mmittee	Funds	
Name of Bank or Depo	ository & Account Number		Mailing	Address	
		900 SE Third Ave., Suite 100 Ft. Lauderdale, FL 33316			
12. List all Reports Requir and Positions of Such	red to be Filed by this Committ Officials, If Any	tee with Federal Offi	cials and	I the Nan	nes, Addresses
Report Title	Dates Required to be Filed	Name & Position of	Official	M:	ailing Address
IRS 990	May 15 annually	IRS		Ogden,	, UT
STATE OF Florida		Browa	rd		COUNTY
, Daniel Stermer	. 1.4	, certify that the in	formation	ı in this S	tatement of
Organization is complete, true and correct. Signature of Chairman of Political Committee Date					

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REGISTERED AGENT		OFFICE USE ONLY		
STATEMENT OF APPOINTME		PE_ 201		
(Section 106.022, F.S.)	1450.00		2016 JUL BROW IPERVIS	
			1 Table 1	
			RRO &	
Original Appointment Change of Appoin	tment		ES R	
Change of Mailing Address Change of Physica	al Address		LECT 1	
Registered Ag	ent and C	Office Information	on S S	
Name Mork Horron			Telephone	
Mark Herron Street Address			850-567-4878	
2618 Centennial Place				
City Tallahassee	State FL		Zip Code 32308	
Mailing Address Post Office Box 1701	F L		32306	
City	State		7-0-4-	
Tallahassee	FL		Zip Code 32302-1701	
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 appli	d that I may	resign this appoir	ntment by executing a written	
Signature of Registered Agent		Date	2	
Former Registered Agent a	nd Office	Information (fo	r changes only)	
Name			Telephone	
Street Address		Anna Cara		
City	State		Zip Code	
Committee or	Organiza	tion Informatio	n	
Name of Committee or Organization				
Moving Broward Forward				
Street Address 333 Las Olas Way, CU4			Telephone	
City Ft. Lauderdale	State FL		Zip Code 33301	
Signature of Chairperson				
Daniel Stermer		7/	8/16	
Printed Name of Chairperson		Date		



