

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

2018 JUL -3 PM 2: 20

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

1. Full Name of Committee

Go Broward

Telephone

850-425-5323

Mailing Address (include city, state and zip code)

P.O. Box 391, Tallahassee, Florida 32302

Street Address (include city, state and zip code)

123 South Calhoun Street, Tallahassee, Florida 32301

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship
Go Broward, Inc.	PO Box 391, Tallahassee, Florida 32302	Affiliated Non-Profit Corporation

3. Area, Scope and Jurisdiction of the Committee

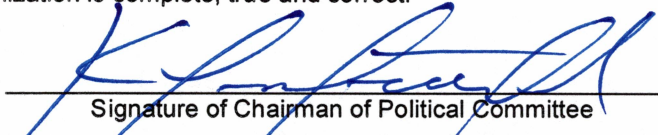
Broward County committee to support transportation system sales surtax county referendum

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

Local Government, Economic Growth, Transportation surtax, infrastructure

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
Shaun Davis	2521 Hollywood Boulevard Hollywood, Florida 33020	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	
Kevin Forsthoefel	PO Box 391, Tallahassee, Florida 32302	Chairman	
Shaun Davis, CPA	2521 Hollywood Boulevard Hollywood, Florida 33020	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
None			
8. List Any Issues this Committee is Supporting: Broward County Transportation System Sale Surtax Referendum			
List Any Issues this Committee is Opposing: To be determined. 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?			
Contribute to candidates, political parties, political committees or other other activities not prohibited by Chapter 106, Florida Statutes.			
11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds			
Name of Bank or Depository & Account Number	Mailing Address		
Legacy Bank of Florida Account Number to be determined	12 SE 7th Street Suite 100 Fort Lauderdale, Florida 33301		
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
Form 8871	Upon Formation	Internal Revenue Service	Ogden, UT 84201
Form 1120 POL, as may be required	April 15th, annually	Internal Revenue Service	Ogden, UT 84201
Form 990, as may be required	May 15th, annually	Internal Revenue Service	Ogden, UT 84201
STATE OF <u>Florida</u>		<u>Leon</u> COUNTY	
I, <u>Kevin Forsthoefel</u> , certify that the information in this Statement of			
Organization is complete, true and correct.			
X 		<u>7/2/2018</u>	
Signature of Chairman of Political Committee		Date	

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

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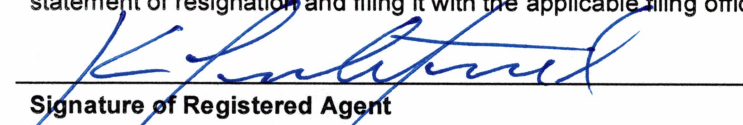
BROWARD COUNTY
SUPERVISOR OF ELECTIONS

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

Registered Agent and Office Information

Name Kevin Forsthoefel		Telephone (850) 425-5323
Street Address 123 South Calhoun Street		
City Tallahassee	State Florida	Zip Code 32301
Mailing Address Post Office Box 391		
City Tallahassee	State Florida	Zip Code 32302

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.

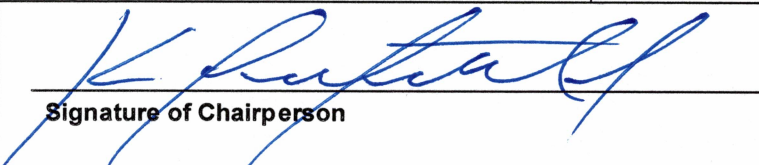
 7/2/2018
Signature of Registered Agent Date

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 Go Broward		
Street Address 123 South Calhoun Street		Telephone 850-425-5323
City Tallahassee	State Florida	Zip Code 32301


Signature of Chairperson

Kevin Forsthoefel
Printed Name of Chairperson

7/2/2018
Date

**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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BROWARD COUNTY
SUPERVISOR OF ELECTIONS

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization Go Broward	2. Telephone (850) 425-5323
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3. Name of Treasurer or Deputy Treasurer Shaun Davis	4. Email (optional) sdavis@sDaviscpa.com	5. Telephone (optional) (954) 927-5927
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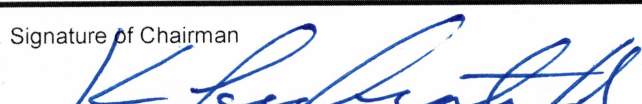
6. Mailing Address
2521 Hollywood Boulevard Hollywood, Florida 33020

7. Street Address
2521 Hollywood Boulevard Hollywood, Florida 33020

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

9. Name of Bank Legacy Bank of Florida	10. Street Address 12 SE 7th Street; Suite 100
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11. City Fort Lauderdale	12. State Florida	13. Zip Code 33301
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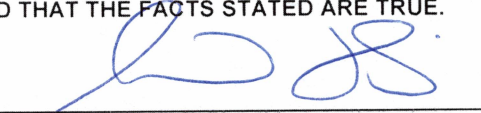
14. Signature of Chairman X 	15. Name of Chairman (Print or Type) Kevin Forsthoefel
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Campaign Treasurer's Acceptance of Appointment

I, Shaun Davis, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for Go Broward
(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.

7-3-18
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer