

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

2019 JUN 24 AM 11:15

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

1. Full Name of Committee

Broward First

Telephone

Mailing Address (include city, state and zip code)
10850 Wiles Road, Coral Springs, FL 33076

Street Address (include city, state and zip code)
10850 Wiles Road, Coral Springs, FL 33076

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship

3. Area, Scope and Jurisdiction of the Committee

To contribute to candidates in Broward County; electioneering communication 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.)

Local Government, Public Safety

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
Adam Nadler	10850 Wiles Rd, Coral Springs, FL 33076	Chairperson

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
Adam Nadler	10850 Wiles Rd, Coral Springs, FL 33076	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: To be determined

List Any Issues this Committee is Opposing: To be determined

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 donated to an IRC 527 organization or charitable organization

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

Name of Bank or Depository & Account Number	Mailing Address
Bank of America	315 S. Calhoun St. Tallahassee, FL, 32301

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

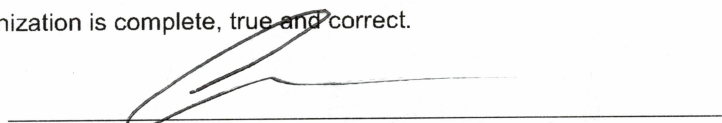
Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
IRS 8871 IRS 1120-POL IRS 990	Upon Creation March 15th Annually May 15th Annually	IRS	Ogden, UT 84201

STATE OF Florida Broward COUNTY

I, Adam Nadler, certify that the information in this Statement of

Organization is complete, true and correct.

X


Signature of Chairman of Political Committee

6/21/19

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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CHECK APPROPRIATE BOX:

Initial Filing for: Primary Treasurer Deputy Treasurer

Re-filing to Change: Primary Treasurer Deputy Treasurer Primary/Secondary Depository

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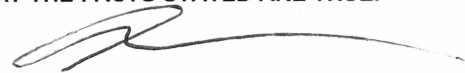
1. Committee Broward First		2. Telephone ()	
3. Name of Treasurer or Deputy Treasurer Adam Nadler		4. Email (optional)	
5. Telephone (optional) ()			
6. Mailing Address 10850 Wiles Rd. Coral Springs, FL, 33076			
7. Street Address 10850 Wiles Rd. Coral Springs, FL 33076			
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank Bank of America		10. Street Address 315 S. Calhoun st	
11. City Tallahassee		12. State FL	13. Zip Code 32301
14. Signature of Chairman X 		15. Name of Chairman (Print or Type) Adam Nadler	

Campaign Treasurer's Acceptance of Appointment

I, Adam Nadler, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for Broward First
(Committee)

**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.**

6/21/19
Date

X 
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 Natalie Kato		Telephone
Street Address 315 S. Calhoun St. Suite 830		
City Tallahassee	State FL	Zip Code 32301
Mailing Address 315 S. Calhoun St. Suite 830		
City Tallahassee	State FL	Zip Code 32301

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

6/17/2019


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 Broward First		
Street Address 10850 Wiles Road		Telephone
City Coral Springs	State FL	Zip Code 33076



Signature of Chairperson

Adam Nadler

Printed Name of Chairperson

6/21/19

Date