

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

2020 OCT -5 PM 3: 10

BROWARD COUNTY

1. Full Name of Committee

Broward Young Democrats (PC)

Telephone

954-736-9442

Mailing Address (include city, state and zip code)

1607 Johnson Street
Hollywood, FL 33020

Street Address (include city, state and zip code)

1607 Johnson Street
Hollywood, FL 33020

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 - (Independent Club)

N/A

N/A

3. Area, Scope and Jurisdiction of the Committee

Broward County

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

Elevating civic engagement among Florida's youth.

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

Clay Miller

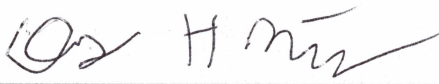
1607 Johnson Street
Hollywood, FL 33020

Chair

Pratima Raju

533 NE 3rd Ave #550
Fort 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 Address	Committee Title or Position	
Clay Miller	1607 Johnson Street Hollywood, FL 33020	Chair	
Pratima Raju	533 NE 3rd Ave #550 Fort Lauderdale, FL 33301	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
N/A			
8. List Any Issues this Committee is Supporting: N/A List Any Issues this Committee is Opposing:			
9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party			
Democratic Party			
10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?			
Charitable Contributions.			
11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds			
Name of Bank or Depository & Account Number		Mailing Address	
TD Bank - 435-0349481		1215 SE 17th St, Fort Lauderdale, FL 33316	
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 <u>Florida</u> COUNTY <u>Broward</u> I, <u>Clay Miller</u> , certify that the information in this Statement of Organization is complete, true and correct. X  <u>09/25/2020</u> Signature of Chairman of Political Committee 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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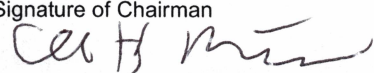
BROWARD COUNTY
SUPERVISOR OF ELECTIONS

CHECK APPROPRIATE BOX:

Initial Filing for: Primary Treasurer Deputy Treasurer

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

1. Committee Broward Young Democrats (PC)		2. Telephone (954) 736-9442	
3. Name of Treasurer or Deputy Treasurer Pratima Raju		4. Email (optional) pratimagraju@gmail.com	
5. Telephone (optional) ()			
6. Mailing Address 533 NE 3rd Ave #550, Fort Lauderdale, FL 33301			
7. Street Address 533 NE 3rd Ave #550, Fort Lauderdale, FL 33301			
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank TD Bank		10. Street Address 1215 SE 17th Street	
11. City Fort Lauderdale		12. State FL	13. Zip Code 33316
14. Signature of Chairman X 		15. Name of Chairman (Print or Type) Clay Miller	

Campaign Treasurer's Acceptance of Appointment

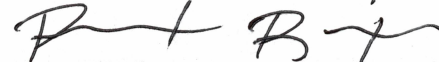
I, Pratima Raju, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for Broward Young Democrats (PC)
(Committee)

**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.**

9/25/2020

Date

X



Signature of Campaign Treasurer or Deputy Treasurer

**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 Nancy Fry		Telephone 954-540-6317
Street Address 529 North Pine Island Road		
City Plantation	State FL	Zip Code 33324
Mailing Address 529 North Pine Island Road		
City Plantation	State FL	Zip Code 33324

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

9/25/2020

Date

Former Registered Agent and Office Information (for changes only)

Name N/A		Telephone N/A
Street Address N/A		
City N/A	State N/A	Zip Code N/A

Committee or Organization Information

Name of Committee or Organization Broward Young Democrats (PC)		
Street Address 1607 Johnson Street		Telephone 954-736-9442
City Hollywood	State FL	Zip Code 33020



Signature of Chairperson

Clay Miller

9/25/2020

Printed Name of Chairperson

Date