## STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

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(PLEASE TYPE)

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	Amended			
1. Full Name of Committee	2000年	VISCR OF T	Telephone	
Broward Y	sung Democrats (PC)		954-667-	
Mailing Address (include ci				
5341 Flaming				
Coconut Creek	, FL 33073			
Street Address (include city	, state and zip code)			
Same				
2. Affiliated or Connected O committees)	rganizations (includes other committees of co	ntinuous exi	stence and political	
Name of Affiliated or Connected Organization	Mailing Address	Mailing Address		
N/A - (Independen Club)	+ N/A	N/A		
3. Area, Scope and Jurisdic				
Broward 1	County			
4. Nature of Organization or	Organization's Special Interest (e.g., medical,	legal, educa	tion, etc.)	
Elevating c	ivic engagement among Flor	rida's y	pouth	
5. Identify by Name, Addres	s and Position, the Custodian of Books and Ac	counts (incl	ude treasurer's name)	
Full Name	Mailing Address	Comn	nittee Title or Position	
Nancy Fry	341 Flamingo Pl. Chai		i r	
	Coconut Creek, FL 33073			
Easton Harrison	3341 NW 47th Terrace	Treas	urer	
, , , , , ,	Lauderdale Lakes, FC 33319			
	Luda and College, Col			

<ol><li>List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)</li></ol>						
Full Name	Mailing Address		Committee Title or Position			
Nancy Fry	5341 Flamingo Pl. Coconut Creek, FL 33073		Chair			
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 S	Sought	Party		
N/A						
8. List Any Issues this Cor		. A				
List Any Issues this Co	mmittee is Opposing:	'A+ 				
9. If this Committee is Sup	porting the Entire Ticket of a I	Party, Give Name of	Party			
Democratic	Party	<u></u>				
10. In the Event of Dissolu	ition, What Disposition will be	Made of Residual Fu	ınds?			
Charitable	e Contributions					
11. List all Banks, Safety I	Deposit Boxes, or Other Depos	sitories Used for Con	nmittee Funds			
Name of Bank or Depo	ository & Account Number	Mailing Address				
TD Bank -		1215 SE 17th St.				
	o Savie		Fort Landerdale, FL 33316			
12. List all Reports Requir and Positions of Such	ed to be Filed by this Committ Officials, If Any	ee with Federal Offic	cials and the Na	mes, Addresses		
Report Title	Dates Required to be Filed	Name & Position of	Official N	Mailing Address		
NIA	NA	N/A	N	A		
STATE OF Floride	2	Brow	vard	COUNTY		
STATE OF Florida Boward COUNTY  I, Nancy Fry , certify that the information in this Statement of						
Organization is complete, true and correct.						
X My 3 Nov. 23, 202 ( 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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CHECK APPROPRIATE BOX:			ROTTERS	
Initial Filing for: Primary Treasurer Deputy Treasurer			OFFICE LISE ONLY	
Re-filing to Change: Primary Treasurer Deputy Treasurer Primary/Secondary Depository				
1. Committee Broward Young Democrats (PC	.)	2. Telephone (954) 667-3185		
3. Name of Treasurer or Deputy Treasurer 4. Email (optional)  Faston Harrison castonkhegmail.	5. Telephone (optional) ( 754 ) 308 - 0308			
Easton Harrison eastonkhegmail.com (754) 308-0308  6. Mailing Address  3341 NW 47th Terrace, Lauderdale Lakes, FL 33319				
7. Street Address  Built  3341 NW 47h Terrace	ding #1, Apt Lauderdali	1	L 33319	
8. The following bank has been designated as the Prin	nary Depository	Seconda	ry Depository	
9. Name of Bank  TD Bank	10. Street Address 1215 SE 17th St.			
11. City Fort Lauderdale	12. S	FL	13. Zip Code 33316	
14. Signature of Chairman		nirman (Print or Typ		
Campaign Treasurer's Acceptance of Appointment				
I,				
treasurer or deputy treasurer for Boward 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.				
11/23/21 Date	Signature of Cam	haur paign Treasurer or	AO Deputy Treasurer	

## **REGISTERED AGENT** STATEMENT OF APPOINTMENT

(Section 106.022, F.S.)						
		2021 NOV 24 PM 2: 49				
Original Appointment Change of Appointment						
Change of Mailing Address Change of Physical Address		SUMMANISON OF IT ECTIONS				
Registered Ag	ent and Office	e Information				
Name Nicole Murad	Telephone 954 401 6/15					
Street Address 575 NE 5th Terrare #531						
City Fort Landerdale	State FL	Zip Code 33301				
Mailing Address 575 NE 5th Terrau #531						
City Fort Lauderdale	State FL	Zip Code 33301				
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.						
Merch Much		11/24/2021				
Signature of Registered Agent						
Former Registered Agent a	and Office Info	ormation (for changes only)				
Name Nancy Fry		Telephone 954-667-3185				
Street Address 529 N Pine Islan	d Rd. #1	b				
City Plantation	State FL	Zip Code 33324				
Committee or	Committee or Organization Information					
	Organization	Information				
Name of Committee or Organization		Information emocrats (PC)				
Street Address	d Young D					
Broward	d Young D	emocrats (PC) Telephone 954-667-3185				
Street Address 5341 Flamingo Pl.	d Young D	emocrats (PC) Telephone 954-667-3185				
Street Address 5341 Flamingo Pl.	d Young D	emocrats (PC) Telephone 954-667-3185				
Street Address 5341 Flamingo Pl. City Coconut Creek  233	d Young D	emocrats (PC) Telephone 954-667-3185				

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