

**STATEMENT OF ORGANIZATION  
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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2011 MAY -3 AM 4:09

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**1. Full Name of Committee**

Committee for Honest Government

Telephone

(305) 454-5390

Mailing Address (include city, state and zip code)

PO BOX 34-7827  
Coral Gables, FL 33134-7827

Street Address (include city, state and zip code)

122 Camilo Avenue  
Coral Gables, FL 33134

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship
NONE		

**3. Area, Scope and Jurisdiction of the Committee**

To influence the outcome of certain elections in Miami-Dade County.

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

NONE

**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
Joaquin Urquiola, CPA, CFFA	2121 Ponce de Leon Coral Gables, FL 33134	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
Frank R. May	122 Camilo Avenue Coral Gables, FL 33134	Chairman

**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:** Honesty in Government  
**List Any Issues this Committee is Opposing:** Dishonesty in Government

**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?**  
 Pro-rated distribution to contributors

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

Name of Bank or Depository & Account Number	Mailing Address
Bank Atlantic Account Number: [REDACTED]	2121 Ponce de Leon Blvd. Coral Gables, FL 33134

**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

STATE OF FLORIDA  MIAMI-DADE  COUNTY

I, Frank R. May, certify that the information in this Statement of

Organization is complete, true and correct.

**X** *Frank R. May*  
 Signature of Chairman of Political Committee

5/13/14  
 Date

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**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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DADE COUNTY  
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

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Original Appointment of Treasurer       Reappointment of Treasurer       Deputy Treasurer

1. Committee or Organization Committee for Honest Government		2. Telephone (305 ) 442-2200	
3. Name of Treasurer or Deputy Treasurer Joaquin Urquiola, CPA, CFFA		4. Email (optional)	
		5. Telephone (optional) (305 ) 442-2200	
6. Mailing Address 2121 Ponce de Leon Blvd., Suite 1100 Coral Gables, FL 33134			
7. Street Address 2121 Ponce de Leon Blvd., Suite 1100 Coral Gables, FL 33134			
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 Atlantic		10. Street Address 2121 Ponce de Leon Blvd.	
11. City Coral Gables		12. State FL	13. Zip Code 33134
14. Signature of Chairman <b>X</b> 		15. Name of Chairman (Print or Type) Frank R. May	

**Campaign Treasurer's Acceptance of Appointment**

I, Joaquin Urquiola, CPA, CFFA, do hereby accept the appointment as  
(Please Print or Type)  
treasurer or deputy treasurer for Committee for Honest Government  
(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.**

May 3, 2011

Date

**X** 

Signature of Campaign Treasurer or Deputy Treasurer

**REGISTERED AGENT  
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

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

**Registered Agent and Office Information**

Name **Frank R. May** Telephone **(305) 454-5390**


Street Address **122 Camilo Avenue**

City **Coral Gables** State **FL** Zip Code **33134**

Mailing Address **PO BOX 34-7827**

City **Coral Gables** State **FL** Zip Code **33134**

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 Division of Elections.



May 3, 2011

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**

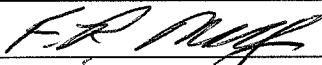
Name of Committee or Organization  
**Committee for Honest Government**

Street Address **PO Box 34-7827** Telephone **(305) 454-5390**

City **Coral Gables** State **FL** Zip Code **33134**

Committee or organization is registered with:

- Division of Elections       County **Miami-Dade**       City \_\_\_\_\_



Signature of Chairperson

Frank R. May

May 3, 2011

Print Name of Chairperson

Date

**Receipt of Handbook and the  
Election Laws of the State of Florida**



**Candidate/Chairperson:**

FRANK R. MAY

First Name

Middle Name

Last Name

COMMITTEE FOR HONEST GOVERNMENT

Office Sought / Organization

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**This is to acknowledge my receipt of the following documents:**

Handbooks Available	Edition	Downloaded from Internet	CD-Rom	Other
The Election Laws of the State of Florida	8/2010	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Qualifying Handbook	4/26/11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook	6/2010	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook	7/2010	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Received by:** *F.R. May*  
 Candidate/Chairperson Signature

**Date:** May 3, 2011

**Phone No.:** (305) 454-5390

**Fax No.:** (305) 428-3844

**E-mail address:** strategicpolitics@gmail.com

Campaign Treasurer's Report  
Electronic Filing Requirements  
for Miami-Dade County



Candidate (office sought): \_\_\_\_\_

Political Committee: \_\_\_\_\_ Committee for Honest Government

Party Executive Committee: \_\_\_\_\_

Other: \_\_\_\_\_

I, \_\_\_\_\_ FRANK R. MAY  
(Please print name of Candidate or Chairperson)

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understand that Campaign Treasurer's Reports must be filed electronically in order to comply with the Miami-Dade County requirements.

Additionally, a hard copy of the Campaign Treasurer's Reports must be printed from the Miami-Dade County Elections Department website and submitted by the reporting deadline with original signatures.

May 3, 2010

Signature of Candidate or Chairperson

Date

Day Time Telephone No: \_\_\_\_\_ (305) 454-5390

Email Address: \_\_\_\_\_ strategicpolitics@gmail.com

*This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.*