

**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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MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization FISCAL RESPONSIBILITY NOW		2. Telephone (786) 319-1904	
3. Name of Treasurer or Deputy Treasurer Mabel Mizrahi		4. Email (optional)	
5. Telephone (optional) (786) 319-1904		6. Mailing Address P.O. Box 28147, HIALEAH, FL 33002	
7. Street Address			
8. The following bank has been designated as the		<input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository	
9. Name of Bank OCEAN BANK		10. Street Address 790 W 49 STREET	
11. City HIALEAH		12. State FL	13. Zip Code 33012
14. Signature of Chairman X		15. Name of Chairman (Print or Type) MABEL MIZRAHI	

Campaign Treasurer's Acceptance of Appointment

I, **MABEL MIZRAHI**, do hereby accept the appointment as
(Please Print or Type)
 treasurer or deputy treasurer for **FISCAL RESPONSIBILITY NOW**
(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.

9/20/11
Date

X Mabel Mizrahi
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

1. Full Name of Committee

Telephone

FISCAL RESPONSIBILITY NOW

Mailing Address (include city, state and zip code)

P. O Box 28147, HALEAH, FL 33002

Street Address (include city, state and zip code)

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

3. Area, Scope and Jurisdiction of the Committee

MIAMI DADE COUNTY

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

COMMUNITY ISSUES

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

*MABEL
MIZRAHI*

*P. O Box 28147
HALEAH, FL 33002*

*CHAIRPERSON/
TREASURER*

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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

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

8. List Any Issues this Committee is Supporting: FISCAL RESPONSIBILITY
 List Any Issues this Committee is Opposing:

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?
NON-PROFIT ORGANIZATIONS

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

Name of Bank or Depository & Account Number	Mailing Address
<u>OCEAN BANK</u>	<u>790 W 49 Street HIALEAH, FL 33012</u>

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, MABEL MIZRAHI, certify that the information in this Statement of

Organization is complete, true and correct.

Mabel Mizrahi
 Signature of Chairman of Political Committee

9/20/11
 Date

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



MABEL

Candidate/Chairperson:

MABEL

MIZRATHI

First Name

Middle Name

Last Name

FISCAL RESPONSIBILITY NOW

Office Sought / Organization

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		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Qualifying Handbook		<input type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	

Received by:

Mabel Mizrahi

Candidate/Chairperson Signature

Date:

9/20/11

Phone No.:

786-319-1904

Fax No.:

E-mail address: _____

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

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



Candidate (office sought): _____

Political Committee: FISCAL RESPONSIBILITY NOW

Party Executive Committee: _____

Other: _____

I, Mabel Mizrahi
(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.

Mabel Mizrahi
Signature of Candidate or Chairperson

9/20/11
Date

Day Time Telephone No: 786-319-1904

Email Address: _____

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.

**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 Mabel Mizrahi Telephone 786-319-1904

Street Address P.O. Box 28147

City HALEAH State FL Zip Code 33002

Mailing Address Same

City _____ State _____ Zip Code _____

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.

Mabel Mizrahi
Signature of Registered Agent

9/20/11
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 FISCAL RESPONSIBILITY NOW

Street Address P.O. Box 28147 Telephone 786-319-1904

City HALEAH State FL Zip Code 33002

Mabel Mizrahi
Signature of Chairperson

MABEL MIZRAHI
Printed Name of Chairperson

9/20/11
Date