

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

Telephone:  
305 -  
794-1825

**1. Full Name of Committee**

*FISCAL RESPONSIBILITY NOW*

Mailing Address (include city, state and zip code)

*17660 NW 89 AVE  
HALEAH, FL 33018*

Street Address (include city, state and zip code)

*17660 NW 89 AVE  
HALEAH, FL 33018*

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

| Name of Affiliated or Connected Organization | Mailing Address | Relationship |
|--|-----------------|--------------|
| <i>N/A</i>                                   | <i>N/A</i>      | <i>N/A</i>   |

**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 / TAXPAYER'S CONCERNS*

**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     |
|----------------------|---|---------------------------------|
| <i>Mabel Mizrahi</i> | <i>17660 NW 89 Ave<br/>HALEAH, FL 33018</i> | <i>TREASURER /<br/>CHAIRMAN</i> |

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 |
|---------------|--------------------------------------|-----------------------------|
| Mabel Mizrahi | 17660 NW 89 Ave<br>Hialeah, FL 33018 | TREASURER/<br>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 |
|-----------|-----------------|---------------|-------|
| N/A       | N/A             | N/A           | N/A   |

8. List Any Issues this Committee is Supporting: *Community Issues / TAXPAYER'S CONCERNS*  
 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                    |
|---|------------------------------------|
| Ocean Bank                                  | 790 W 49th St<br>Hialeah, FL 33012 |

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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 FLORIDA Miami-Dade COUNTY

I, Mabel Mizrahi, certify that the information in this Statement of

Organization is complete, true and correct.

**X** Mabel Mizrahi  
 Signature of Chairman of Political Committee

8/27/13  
 Date

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR  
POLITICAL COMMITTEES**  
(Sections 106.011(1) and 106.021(1), F.S.)

CHECK APPROPRIATE BOX:

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Original Appointment of Treasurer       Reappointment of Treasurer       Deputy Treasurer

|   |  |  |                              |
|---|--|--|------------------------------|
| 1. Committee or Organization<br><i>FISCAL Responsibility Now</i>  |  | 2. Telephone<br><i>(305) 794-1825</i>                        |                              |
| 3. Name of Treasurer or Deputy Treasurer<br><i>Mabel Mizrahi</i>  |  | 4. Email (optional)<br><i>( )</i>                            |                              |
| 5. Telephone (optional)<br><i>( )</i>   |  |  |                              |
| 6. Mailing Address<br><i>17660 NW 89 Ave Hialeah, FL 33018</i>  |  |  |                              |
| 7. Street Address<br><i>17660 NW 89 Ave Hialeah, FL 33018</i>   |  |  |                              |
| 8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository |  |  |                              |
| 9. Name of Bank<br><i>Ocean Bank</i>  |  | 10. Street Address<br><i>790 West 49 Street</i>              |                              |
| 11. City<br><i>HIALEAH</i>  |  | 12. State<br><i>FL</i>                                       | 13. Zip Code<br><i>33012</i> |
| 14. Signature of Chairman<br><i>X Mabel Mizrahi</i>   |  | 15. Name of Chairman (Print or Type)<br><i>Mabel Mizrahi</i> |                              |

**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.

*8/27/13*  
Date

*X Mabel Mizrahi*  
Signature of Campaign Treasurer or Deputy Treasurer

**REGISTERED AGENT  
STATEMENT OF APPOINTMENT**  
(Section 106.022, F.S.)

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ELECTIONS DEPARTMENT

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

**Registered Agent and Office Information**

|  |                    |                                  |
|--|--------------------|----------------------------------|
| Name <i>Mabel Mizrahi</i>                |                    | Telephone<br><i>305-794-1825</i> |
| Street Address<br><i>17660 NW 89 AVE</i> |                    |                                  |
| City<br><i>HIALEAH</i>                   | State<br><i>FL</i> | Zip Code<br><i>33018</i>         |
| Mailing Address<br><i>same</i>           |                    |                                  |
| 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*      *8/27/13*  
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<br><i>FISCAL RESPONSIBILITY NOW</i> |                    |                                  |
| Street Address<br><i>17660 NW 89 AVE</i>                              |                    | Telephone<br><i>305-794-1825</i> |
| City<br><i>HIALEAH</i>  | State<br><i>FL</i> | Zip Code<br><i>33018</i>         |

*Mabel Mizrahi*  
Signature of Chairperson

*MABEL MIZRAHI*      *8/27/13*  
Printed Name of Chairperson      Date



Access to Handbook and the Election Laws of the State of Florida

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Candidate/Chairperson:

Mabel

MIZRAH

First Name

Middle Name

Last Name

FISCAL RESPONSIBILITY NOW

Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

- Candidate Qualifying Handbook (<http://www.miamidade.gov/elections/candidate.asp>)  
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.
- Political Committee Handbook (<http://www.miamidade.gov/elections/pacs.asp>)  
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by:

Mabel Mizrahi  
Candidate / Chairperson Signature

Date:

8/27/13

Primary Telephone Number:

(305) 794-1825

Alternate Telephone Number:

E-mail address:

mabelcm1257@aol.com

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



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

Candidate's Florida Voter Registration Number: \_\_\_\_\_

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 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 \_\_\_\_\_ 8/27/13 \_\_\_\_\_  
Signature of Candidate or Chairperson Date

Day Time Telephone No: (305) 794-1825

Email Address: MabelEm1257@aol.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.*