

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

RECEIVED

2011 OCT 13 AM 11:45

MIAMI-DADE
ELECTIONS

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

☒ Original Appointment of Treasurer ☐ Reappointment of Treasurer ☐ Deputy Treasurer

1. Committee or Organization

Citizens for Fiscal Responsibility 305 469-9069

2. Telephone

3. Name of Treasurer or Deputy Treasurer

4. Email (optional)

5. Telephone (optional)

Randall Hilliard

()

6. Mailing Address

16 Island Avenue # 1-D MB 33139

7. Street Address

Same

8. The following bank has been designated as the



Primary Depository



Secondary Depository

9. Name of Bank

CITY NATIONAL BANK

10. Street Address

446 Collins Ave

11. City

Miami Beach


12. State

FL

13. Zip Code

33139

14. Signature of Chairman

X 

15. Name of Chairman (Print or Type)

Randall Hilliard

Campaign Treasurer's Acceptance of Appointment

I, Randall Hilliard, do hereby accept the appointment as
(Please Print or Type)

treasurer or deputy treasurer for

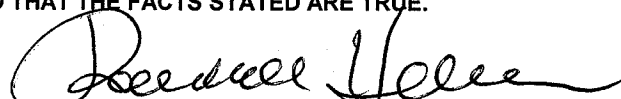
Citizens for Fiscal Responsibility
(Committee or Organization)

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.

9/1/2011

Date

X



Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

2011 OCT 13 AM 11:45

MIAMI-DADE
ELECTIONS

**ELECTIONEERING COMMUNICATION
STATEMENT OF ORGANIZATION**

(PLEASE TYPE)

OFFICE USE ONLY

1. Full Name of Organization

Citizens for Fiscal Responsibility

Telephone

(305) 469-9069

Mailing Address (include city, state and zip code)

16 Island Avenue #1-D, Miami Beach FL 33139

Street Address (include city, state and zip code)

Same

2. Affiliated or Connected Organizations

Name of Affiliated or Connected Organization	Mailing Address	Relationship
None	None	None

3. Area, Scope and Jurisdiction of the Organization

Voter education regarding fiscal responsibility in the State of Florida

4. Identify by Name, Address & Position, the Custodian of Books & Accounts for the Organization

Full Name	Mailing Address	Street Address	Title or Position
Randall Hilliard	16 Island Avenue #1-D Miami Beach FL 33139	Same	Chairman & Treasurer

5. This Organization was formed (check applicable box): (Calendar quarters end the last day of March, June, September, and December.)

- ☒ As a newly created organization during the current calendar quarter.
☐ From an organization existing prior to the current calendar quarter.

6. List By Name, Mailing and Street Address, & Position, Other Principal Officers, including the treasurer and deputy treasurer, if any. Include the top-ranking officer's (e.g., chairperson) name and information.

Full Name	Mailing Address	Street Address	Title or Position
Randall Hilliard	16 Island Avenue #1-D Miami Beach FL 33139	Same	Chairman & Treasurer

7. In the Event of Dissolution, What Disposition will be Made of the Residual Funds?

Donation to Charity

8. List All Banks, Safety Deposit Boxes, or Other Depositories Used by this Organization for Electioneering Communications

Name of Bank or Depository	Mailing Address
City National Bank	446 Collins Avenue, Miami Beach FL 33139

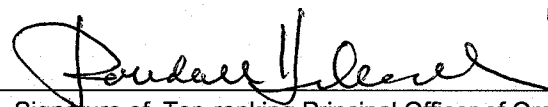
9. List All Reports Required to be Filed by this Organization with Federal Officials, & the Names, Addresses, & Positions of Such Officials, If Any

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
N/A	N/A	N/A	N/A

STATE OF Florida **County** Miami-Dade

I, Randall Hilliard, certify that the information in this Statement of

Organization is complete, true, and correct.

X 
Signature of Top-ranking Principal Officer of Organization

September 1, 2011

Date

RECEIVED

OFFICE USE ONLY

2011 OCT 13 AM 11:45

MIAMI-DADE
ELECTIONS**REGISTERED AGENT
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

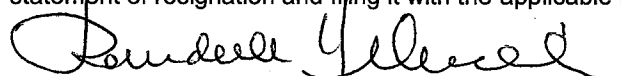
☒ Original Appointment☐ Change of Mailing Address ☐ Change of Physical Address**Registered Agent and Office Information**Name
Randall HilliardTelephone
(305) 469-9069Street Address
16 Island Avenue #1-D, Miami Beach FL 33139City
Miami BeachState
FLZip Code
33139Mailing Address
Same

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.



Signature of Registered Agent

September 1, 2011

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

Citizens for Fiscal Responsibility

Street Address
16 Island Avenue #1-DTelephone
(305) 469-9069City
Miami BeachState
FLZip Code
33139
Signature of Chairperson

Randall Hilliard

Printed Name of Chairperson

September 1, 2011

Date

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



Candidate/Chairperson:

Randall

First Name

Middle Name

Hilliard

Last Name

Citizens for Fiscal Responsibility

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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

RECEIVED
2011 OCT 13 AM 11:45
MIAMI-DADE
ELECTIONS

Received by:

Randall Hilliard

Candidate/Chairperson Signature

Date:

9/1/11

Phone No.:

305-469-9069

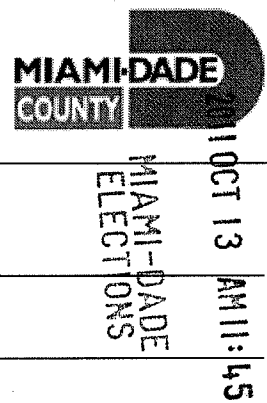
Fax No.:

305-673-5352

E-mail address:

randy@wsphilliard.com

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



RECEIVED

☐ Candidate (office sought): _____

☐ Political Committee: _____

☐ Party Executive Committee: _____

☒ Other: Electioneering Campaign Org

I, Randall Hilliard
(Please print name of Candidate or Chairperson)

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.

Randall Hilliard

Signature of Candidate or Chairperson

10/13/11

Date

Day Time Telephone No: (305) 469-9069

Email Address: randy@wsphilliard.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.