OFFICE USE ONLY STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER RECEIVED AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR POLITICAL COMMITTEES** AND ELECTIONEERING COMMUNICATION 2005 FEB -2 PM 1: 61 **ORGANIZATIONS** (Sections 106.011(1) & 106.021(1), F.S.) MIAMI-DADE COUNTY ELECTIONS DEPARTMENT (PLEASE TYPE) **CHECK APPROPRIATE BOX:** Reappointment of Treasurer Secondary Depository Original Appointment **Deputy Treasurer** 2. Mailing Address 1. Committee or Electioneering Communication Organization Name Citizens for Open Democratic 15335 Old Culter R Government Miceini, FC 33/57 elephone (optional) 3. City 4. County 5. State 6. Zip Code 3052326249 Miami Dade FC 37.5 15335 Old Culter Rd Telephone (optional) 3. City 305232 624 Miami Deputy Treasurer for the above named committee. The following person has been appointed to serve as Campaign Treasurer 7. Name of Treasurer or Deputy Treasurer 8. Street Address 15335 old Coltex Rd 11. State 12. Zip Code 7. 3 = 157 Vanegsa Acosta 10. County Miani Dade 9. City Dade Maan Primary Depository I have designated the following named bank as my Secondary Depository 13. Bank Name (include account number) 14. Street Address 17. State 18. Zip Code 20. Signature of Chairman 19. Name of Chairman Bernardo Bastard **Campaign Treasurer's Acceptance of Appointment** Inn SSa Acosta (Please Print or Type) , do hereby accept the appointment as Citizons & FOR OPEN Democratic Government Campaign Treasurer Deputy Treasurer for the County, Florida, I am Committee or Organization. As a duly registered voter in

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.

Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 6 (Rev. 08/04)

qualified to accept this appointment.

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

OFFICE USE ONLY

| (PLEASE | TYPE) | | | | |
|---|-------------------------------|-----------------------------|---------------------------------------|--------------------------|--|
| 1. Full Name of Committee Catizens for | npen Democrat | tie Government Date = 12/05 | | | |
| Mailing Address (if post office box | | | | Telephone | |
| 15335 Old | Cutter rd. | (305) 232 | | | |
| City Miami | County | Sta | te la | Zip Code 3315キ | |
| 2. Affiliated or Connected Organ | nizations (includes other com | mittees of continuous | existence an | d political committees) | |
| Name of Affiliated or Connected Organization | Mailing Addr | 70CC | | Relationship | |
| Connected Organization | Maining Addi | COO | · · · · · · · · · · · · · · · · · · · | Relationship | |
| NA | | | | 2005 FEB | |
| 3. Area, Scope and Jurisdiction of the Committee Opposed to Strong Mayor form of Government in Dade Carry | | | | | |
| 4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.) | | | | | |
| 5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name) | | | | | |
| Full Name | Mailing Addr | ess | Comr | mittee Title or Position | |
| Vanlssa Acusta | 15335 Old 1 Miami, Fl 3 | Cutler vol 3157 | Trec | Burer | |

| 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 Addre | Mailing Address | | Committee Title or Position | | |
| Benardo | 15335 Old (| intlery | | | | |
| Bestard | mani P1 3: | Mami Pl 33157 | | iman | | |
| 7. List by Name, Address, 6 Supporting | Office Sought and Party Affiliation E | ach Candidate or Ot | her Individual th | nat this Committee is | | |
| Full Name | Mailing Address | Office | Sought | Party | | |
| NIÀ | | | | | | |
| 8. List Any Issues this Con | nmittee is Supporting: | | | | | |
| List Any Issues this Con | nmittee is Opposing: OppUSC | d to stro | ng Mai | yor in Dadeco | | |
| 9. If this Committee is Sup | porting the Entire Ticket of a Party, | Give Name of Party | | | | |
| 10. In the Event of Dissolut | ion, What Disposition will be Made | of Residual Funds? | | • | | |
| | Il gire money | | | children | | |
| | eposit Boxes, or Other Depositorie | s Used for Committe | | | | |
| Name of Bank or De | pository & Account Number | | Mailing Addre | | | |
| mil for | ward | | | SFEB -2 | | |
| 12. List all Reports Require of Such Officials, If An | ed to be Filed by this Committee wi | th Federal Officials a | nd the Names, A | addresses and Positions | | |
| Report Title | Dates Required to be Filed | Name & Position o | f Official | Mailing Address | | |
| NIÀ | | | | | | |
| STATE OF POOL | iei | Y | Dade | COUNTY | | |
| 1, Bernardo | , <u>Bornardo Blatard</u> , certify that the information in this Statement of Organizati | | | Statement of Organization | | |
| is complete, true and correct | | X Bur | nder E | Sustand | | |
| ĺ | | Signature of | Chairman of Poli | tical Committee | | |

| STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE | | | Oi | FFICE USE | ONLY | |
|---|----------------|----------------------------|----------------------|-----------|---|---------------------------|
| OF POLITICAL COMMINITY | | g Callin at more | | 4 · • * | | |
| (PLEASE | TYPE) | | 2008 JAN 18 F | PH 2 | 2: 20 | |
| 1. Full Name of Committee | | | ELECTIONS DE | | in die | Date |
| Citizens For Open | Democ | cratic Gover | nment | , , , , , | , , , , , , | 1/04/05 |
| Mailing Address (if post office box | or drawer | , please add street ad | dress) | | | Telephone |
| 15335 Old Culter F | Road | | | | | () |
| City | | County | · | Stat | e | Zip Code |
| Miami | | Dade | | FI | and the special or the street was a street or | 33157 |
| 2. Affiliated or Connected Organ | nizations | (includes other com | mittees of continu | ious | existence a | nd political committees) |
| Name of Affiliated or Connected Organization | | Mailing Add | iress | | Relationship | |
| N/A | | | | | · .* | |
| 3. Area, Scope and Jurisdiction | of the C | ommittee | | | | |
| Opposed to stro | - | _ | | | | |
| 4. Nature of Organization or Or | ganizatio | n's Special Interest | (e.g., medical, lega | al, ed | ucation, etc | ·.) |
| Open Government Supporters | | | | | | |
| 5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name) | | | | | | |
| Full Name | | Mailing Add | dress | | Car | nmittee Title or Position |
| Douglas Yount | 1533! Miam: | 5 Old Culter i, FL 3315 | | | Treasu | ırer |

| 6. List by Name, Address and | Position, Other Principal Officers | , Including Officers | and Members of | f the Finance | |
|---|---|-----------------------|----------------|------------------------------|--|
| Committee, If Any (include of | | Mailing Address | | Committee Title or Position | |
| Pull Name | , maining to the second | | | | |
| Bernardo Bestard | 15335 Old Culter | 15335 Old Culter Road | | Chairman | |
| | Miami, FL 33157 | | | | |
| 7. List by Name, Address, Off Supporting | ice Sought and Party Affiliation E | | | | |
| Full Name | Mailing Address | Office | e Sought | Party | |
| n/ A | | | | | |
| 8. List Any Issues this Comm | ittee is Supporting: | | | | |
| List Any Issues this Comm | Оррозец | to strong n | | Dade Cou #† Y | |
| 9. If this Committee is Suppo | rting the Entire Ticket of a Party, | Give Name of Party | | | |
| n/a | | | | | |
| 10. In the Event of Dissolutio | n, What Disposition will be Made | of Residual Funds? | | | |
| Will give | money to charity fo | or children | Î | | |
| 11. List all Banks, Safety Der | oosit Boxes, or Other Depositories | s Used for Committe | ee Funds | | |
| Name of Bank or Depo | ository & Account Number | | Mailing Addre | ess 🖹 | |
| Bank of Amer | ·ica | 1199 NE 1 | | 18 PM | |
| Acc+ # 00411502456 | | | ь 33181 | 72 N | |
| 12. List all Reports Required of Such Officials, If Any | I to be Filed by this Committee wit | th Federal Officials | and the Names, | Addresses and Positions | |
| Report Title | Dates Required to be Filed | Name & Position | of Official | Mailing Address | |
| | | | | | |
| N/ A | | | | | |
| STATE OF Florida Dade | | | COUNTY | | |
| ı, Bernardo Best | Bestard , certify that the information in this Statement of Organ | | | is Statement of Organization | |
| is complete, true and correct. | | X Bu | mardo | Butuel Dilitical Committee | |

Douglas Jount
Signature of Campaign Treasurer or Deputy Treasurer

OFFICE USE ONLY STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR POLITICAL COMMITTEES** AND ELECTIONEERING COMMUNICATION 2005 JAN 18 PH 2: 20 **ORGANIZATIONS** (Sections 106.011(1) & 106.021(1), F.S.) (PLEASE TYPE) **CHECK APPROPRIATE BOX:** Secondary Depository Reappointment of Treasurer X Original Appointment Deputy Treasurer 2. Mailing Address 1. Committee or Electioneering Communication Organization Name 15335 Old Culter Citizens For Open Democratic Government Miami. FL 33157 6. Zip Code 5. State 4. County Telephone (optional) 3. City 33157 3052326249 Miami Dade FL Deputy Treasurer for the above named committee. The following person has been appointed to serve as Campaign Treasurer 8. Street Address 7. Name of Treasurer or Deputy Treasurer Douglas Yount 15335 Old Culter RD. 11, State 12. Zip Code 9. City 10. County Miami Dade FL33157 I have designated the following named bank as my Secondary Depository **Primary Depository** 14. Street Address 13. Bank Name (include account number) Bank of America # 004115024566 1199 NE 163 rd St. 18. Zip Code 17. State 15. City 16. County Miami Dade FL20. Signature of Chairman 19. Name of Chairman X Bernardo Bernardo Bestard **Campaign Treasurer's Acceptance of Appointment** , do hereby accept the appointment as L Douglas Yount (Please Print or Type) Deputy Treasurer for the Citizens For Open Campaign Treasurer Democratic Government_{County}, Florida, I am Committee or Organization. As a duly registered voter in Dade qualified to accept this appointment. 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.

1/4/05

OFFICE USE ONLY STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER 122001-44 AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR POLITICAL COMMITTEES** 25/05 JAN 18 PM 2: 23 AND ELECTIONEERING COMMUNICATION **ORGANIZATIONS** (Sections 106.011(1) & 106.021(1), F.S.) ELECTIONS DEPONITION (PLEASE TYPE) **CHECK APPROPRIATE BOX:** Reappointment of Treasurer Secondary Depository Deputy Treasurer Original Appointment 2. Mailing Address 1. Committee or Electioneering Communication Organization Name 15335 old culter Rd Citizens for Open Democratic Wami, fc 33157 Government Wami, fc 33157 [4. County | 5. State | 6. Zip Code Telephone (optional) 3. City 305 232 6249 MICMI Dade 33157 Deputy Treasurer for the above named committee. The following person has been appointed to serve as Campaign Treasurer 8. Street Address 7. Name of Treasurer or Deputy Treasurer 15335 old culter Rd Douglas Yount 12. Zip Code 11. State 9. City 10. County Dade 33157 Secondary Depository I have designated the following named bank as my Primary Depository 14. Street Address 13. Bank Name (include account number) 18. Zip Code 16. County 17. State 20. Signature of Chairman 11/8/04 19. Name of Chairman Bernudo Bestard Bernardo Bestard **Campaign Treasurer's Acceptance of Appointment** , do hereby accept the appointment as Citizens FOR Open Democratic Government Campaign Treasurer Deputy Treasurer for the County, Florida, I am Committee or Organization. As a duly registered voter in qualified to accept this appointment. 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.

EIN # 16-17/3551 (FRS)

| STATEMENT OF ORGANIZATION | | OFFICE USE ONLY | | | |
|--|---------------------------------|--------------------------------|----------------|-----------------------------|--|
| OF POLITICAL COMMITTEE | | | | | |
| (PLEASE | , | | 005 JAN 18 | | |
| 1. Full Name of Committee | | غيدًا | reevious i | Date | |
| 1. Full Name of Committee | or Open Den | no cratic C | TO VEL NOME | H 1/04/05 | |
| Mailing Address (if post office box | or drawer, please add street ad | dress) | | Telephone | |
| 15335 of | d colter } | POAd | | (305) 272 6249 | |
| City | County | Sta | ate | Zip Code | |
| Miami | Dade | | FC | 35157 | |
| 2. Affiliated or Connected Organ | nizations (includes other com | mittees of continuous | s existence an | d political committees) | |
| Name of Affiliated or Connected Organization | Mailing Add | | | Relationship | |
| NA | | | | | |
| 3. Area, Scope and Jurisdiction | of the Committee | | | | |
| opposed + | ent in Dag | 1 my or Fo | oran o | Ë | |
| | | | | | |
| 4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.) Open Qovernment supporters | | | | | |
| 5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name) | | | | | |
| Full Name | | | | Committee Title or Position | |
| Douglas Yount | 15335 Miami 11 | 01d 2011 for Rd CC 33157 | Tr | Casuleu | |

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(continued on reverse side)

| List by Name, Address and Committee, If Any (include | d Position, Other Principal Officer chairman's name) | s, Including Officers and Memi | bers of the Finance | | | |
|---|---|----------------------------------|---|--|--|--|
| Full Name | Mailing Addre | - | ommittee Title or Position | | | |
| Bernardo Bestard | 15335 old Miami, FC | Culter Rd Cl 33157 | iair mein | | | |
| 7. List by Name, Address, Of Supporting | fice Sought and Party Affiliation I | Each Candidate or Other Indivi | dual that this Committee is | | | |
| Full Name | Mailing Address | Office Sought | Party | | | |
| NIA | | | | | | |
| 8. List Any Issues this Comn | nittee is Supporting: | | | | | |
| List Any Issues this Comn | nittee is Opposing: | ed to strong u | layor in Dade Cty | | | |
| N/A | orting the Entire Ticket of a Party, | | · | | | |
| | n, What Disposition will be Made | | | | | |
| W811 93 | ve money to | Charity for | Children | | | |
| 11. List all Banks, Safety Dep | oosit Boxes, or Other Depositorie | | | | | |
| Name of Bank or Depo | ository & Account Number | Mailing | Address 2 | | | |
| 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 | | | |
| NIA | | · | | | | |
| STATE OF PLOTICA Dade COUNTY | | | | | | |
| 1, Randarda | FLOTICA | | the information in this Statement of Organization | | | |
| is complete, true and correct. | | X B emando Signature of Chairman | Bestard | | | |



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State
DIVISION OF ELECTIONS

January 20, 2005

Mr. Bernardo Bestard, Chairperson 15335 Old Culter Road Miami, Florida 33157

Dear Mr. Bestard:

We are in receipt of the original Statement of Organization of Political Committee and the Appointment of Campaign Treasurer and Designation of Campaign Depository for Political Committees for **Dade County Families for Better Schools** and **Citizens For Open Democratic Government**. However, your registration papers are being forwarded to the Miami-Dade County Supervisor of Elections due to the fact that each Statement of Organization reflects that the committees are involved in supporting or opposing issues in a countywide or less than countywide election in Miami-Dade County. These committees will need to file with the Division of Elections if they decide to support or oppose statewide, legislative, or multi-county candidates or issues.

If you have any questions, or if we may be of assistance to you at any time, please do not hesitate to contact Paree Harris at (850) 245-6263.

Sincerely,

Sarah Jane Bradshaw
Assistant Director

SJB/pgh

Enclosures

cc: The Honorable Constance A. Kaplan, Miami-Dade County Supervisor of Elections Mr. Douglas Yount, Treasurer

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

OFFICE USE ONLY

2005

AM 12

AM 11:53

(PLEASE TYPE)

| · | · | | | 1976 | | | |
|---|---|------------------------|------------------|--------------------------|--|--|--|
| 1. Full Name of Committee | | Date 27/6/ | | | | | |
| Citizens For Open | | 1/04/05 | | | | | |
| Mailing Address (if post office box | or drawer, please add street add | íress) | | Telephone | | | |
| 15335 Old Culter 1 | Road | | | () | | | |
| City | County | S | tate | Zip Code | | | |
| Miami | Dade | | FL | 33157 | | | |
| 2. Affiliated or Connected Orga | nizations (includes other com | nittees of continuo | us existence an | d political committees) | | | |
| Name of Affiliated or Connected Organization | Mailing Addr | ess | | Relationship | | | |
| N/A | | | | | | | |
| 3. Area, Scope and Jurisdiction | of the Committee | | | | | | |
| Opposed to stro | Opposed to strong Mayor form of government in Dade County | | | | | | |
| 4. Nature of Organization or Or | ganization's Special Interest (e | .g., medical, legal, o | education, etc.) | | | | |
| Open Government Supporters | | | | | | | |
| 5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name) | | | | | | | |
| Full Name | Mailing Addr | ess | Comn | nittee Title or Position | | | |
| Douglas Yount | 15335 Old Culter | | Treasur | er | | | |
| | | | | | | | |

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(continued on reverse side)

| 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 | | |
| Bernardo Bestard | 15335 Old Culter Road Miami, FL 33157 | | Chairman | | |
| 7. List by Name, Address, Offi Supporting | ce Sought and Party Affiliation Ea | ach Candidate or Ot | her Individual tha | t this Committee is | |
| Full Name | Mailing Address | Office | Sought | Party | |
| N/ A | | | | | |
| 8. List Any Issues this Comm | ittee is Supporting: | | | | |
| List Any Issues this Comm | ittee is Opposing: Opposed | to strong m | ayor in Da | de Cou##Y | |
| 9. If this Committee is Suppor | ting the Entire Ticket of a Party, (| Sive Name of Party | | | |
| n/a | | | | | |
| | n, What Disposition will be Made o | of Residual Funds? | | | |
| Will give : | money to charity fo | r children | | | |
| 11. List all Banks, Safety Dep | osit Boxes, or Other Depositories | Used for Committee | e Funds | | |
| Name of Bank or Depos | sitory & Account Number | · · · · · · · · · · · · · · · · · · · | Mailing Address | | |
| Bank of Amer | | 1199 NE 163 rd St. Miami, FL 33181 | | | |
| 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 | | | | | |
| STATE OF Florida COUNTY | | | | | |
| , Bernardo Bestard | | , certify that the information in this Statement of Organization | | | |
| is complete, true and correct. | | | | | |
| | | X Bush | manalt Chairman of Politic | Bestrud al Committee | |

OFFICE USE ONLY PARTIES AM 11:53 STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR POLITICAL COMMITTEES** AND ELECTIONEERING COMMUNICATION **ORGANIZATIONS** (Sections 106.011(1) & 106.021(1), F.S.) (PLEASE TYPE) **CHECK APPROPRIATE BOX:** Reappointment of Treasurer Secondary Depository X Original Appointment **Deputy Treasurer** 1. Committee or Electioneering Communication Organization Name 2. Mailing Address 15335 Old Culter Citizens For Open Democratic Government FL 33157 Miami, 4. County 5. State 6. Zip Code Telephone (optional) 3. City 3052326249 33157 Miami Dade FLfor the above named committee. The following person has been appointed to serve as Campaign Treasurer Deputy Treasurer 8. Street Address 7. Name of Treasurer or Deputy Treasurer Douglas Yount 15335 Old Culter RD. 10. County 11. State 12. Zip Code 9. City Miami Dade FL33157 I have designated the following named bank as my Primary Depository **Secondary Depository** 13. Bank Name (include account number) 14. Street Address Bank of America # 004115024566 1199 NE 163 rd St. 17. State 18. Zip Code 16. County 15. City Miami Dade FL20. Signature of Chairman 19. Name of Chairman X Bernardo Bestard **Campaign Treasurer's Acceptance of Appointment** , Douglas Yount , do hereby accept the appointment as (Please Print or Type) Deputy Treasurer for the Citizens For Open Campaign Treasurer Democratic Government County, Florida, I am Committee or Organization. As a duly registered voter in Dade qualified to accept this appointment. 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. 1/4/05

Date