

**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)

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MIAMI-DADE  
ELECTIONS

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**CHECK APPROPRIATE BOX:**

Original Appointment     Deputy Treasurer     Reappointment of Treasurer     Secondary Depository

1. Committee or Electioneering Communication Organization Name <i>N. Miami Citizens for Responsible Growth &amp; Development</i>	2. Mailing Address <i>12555 Biscayne Blvd # 953</i>
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Telephone (optional) <del>78</del>	3. City <i>N. Miami</i>	4. County <i>Miami-Dade</i>	5. State <i>FL</i>	6. Zip Code <i>33181</i>
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The following person has been appointed to serve as  Campaign Treasurer     Deputy Treasurer    for the above named committee.

7. Name of Treasurer or Deputy Treasurer <i>Willis Howard</i>	8. Street Address <i>12555 Biscayne Blvd # 953</i>
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9. City <i>N. Miami</i>	10. County <i>Miami-Dade</i>	11. State <i>FL</i>	12. Zip Code <i>33181</i>
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I have designated the following named bank as my  Primary Depository     Secondary Depository

13. Bank Name (include account number) <i>City National Bank of Florida 9003336483</i>	14. Street Address <i>13500 Biscayne Blvd N. Miami, FL 33181</i>
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15. City <i>N. Miami</i>	16. County <i>Miami-Dade</i>	17. State <i>FL</i>	18. Zip Code <i>33181</i>
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19. Name of Chairman	20. Signature of Chairman <b>X</b>
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**Campaign Treasurer's Acceptance of Appointment**

I, *Willis Howard*, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer     Deputy Treasurer    for the *N. Miami Citizens for Responsible Growth & Development*  
Committee or Organization. As a duly registered voter in *Miami-Dade* County, Florida, I am  
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.**

*9/21/06*  
Date

**X** \_\_\_\_\_  
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF ORGANIZATION  
OF POLITICAL COMMITTEE**

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 786-260-4774

1. Full Name of Committee

(NMCRG)

Telephone

North Miami Citizens for Responsible Growth  
 & Development

Mailing Address (include city, state and zip code)

12555 Biscayne Blvd, #953

Street Address (include city, state and zip code)

N. Miami, Florida 33181

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship

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.)

Issue based / referendum

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
Willis Howard	12555 Biscayne Blvd #953 N. Miami, Fl. 33181	Chairman/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

**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:**

Height & Density / Charter Changes

**List Any Issues this Committee is Opposing:**

**9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party**

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

Charity

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

Name of Bank or Depository & Account Number	Mailing Address
City National Bank Acct # 9003336483	

**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, Willis P. Howard II, certify that the information in this Statement of

Organization is complete, true and correct.

**X**

[Signature]  
Signature of Chairman of Political Committee

9/21/06  
Date

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