## STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

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ELECTIONS DEPARTMENT

1. Full Name of Committee			Telephone			
Miami Lakes Voters for 0	tee	(305) 271-1480				
Mailing Address (include city, state and zip code)						
9485 Sunset Drive, Suite #A-280 Miami, Florida 33173						
Street Address (include city, state and zip code) Same as mailing address						
2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)						
Name of Affiliated or Connected Organization	Mailing Address	Relationship				
None						
3. Area, Scope and Jurisdiction of the Committee Promote citizenship in Miami Lakes and surrounding areas.						
4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)						
Political Committee						
5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)						
Full Name	Mailing Address	Commi	ttee Title or Position			
McHenry Hamilton	9485 Sunset Drive, Suite #A-280 Miami, Florida 33173	Chairman	/Treasurer			
operate.						

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		
McHenry Hamilton	9485 Sunset Drive, Suit Miami, Florida 33173	9485 Sunset Drive, Suite #A-280		Chairman/Treasurer		
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 P		Party		
N/A			F7 F7	P.3		
List Any Issues this Committee is Opposing: N/A						
10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?						
11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds						
Name of Bank or Depository & Account Number		Mailing Address				
Wells Fargo Bank, N.A.		15615 N.W. 67th Avenue Miami Lakes, Florida 33014				
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 o	f Official M	lailing Address		
None		·				
STATE OF Florida <u>■</u>		Miami-Dade <u>∎</u> COUNTY				
I, McHenry Hamilton , certify that the information in this Statement of						
Organization is complete, true and correct.  **May 30, 2011  Signature of Chairman of Political Committee  **Date**						

## APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR POLITICAL COMMITTEES

(Sections 106.011(1) and 106.021(1), F.S.)

DS-DE 6 (Rev. 7/10)

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ELECTIONS DEPARTMENT

**OFFICE USE ONLY CHECK APPROPRIATE BOX: Deputy Treasurer** Original Appointment of Treasurer Reappointment of Treasurer 2. Telephone 1. Committee or Organization Miami Lakes Voters for Good Government Political Action Committee (305) 271-1480 5. Telephone (optional) 4. Email (optional) 3. Name of Treasurer or Deputy Treasurer mchcpa@bellsouth.net (305) 271-1480 McHenry Hamilton 6. Mailing Address 9485 Sunset Drive, Suite A-280, Miami, Florida, 33173 7. Street Address Same as mailing address **Secondary Depository Primary Depository** 8. The following bank has been designated as the 10. Street Address 9. Name of Bank 15615 N.W. 67th Avenue Wells Fargo Bank, N.A. 13. Zip Code 12. State 11. City Miami Lakes **Florida** 33014 15. Name of Chairman (Print or Type) 14. Signature of Chairman Campaign Treasurer's Acceptance of Appointment McHenry Hamilton , do hereby accept the appointment as (Please Print or Type) Miami Lakes Voters for Good Government Political Action Committee treasurer or deputy treasurer for (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