ELECTIONEERING COMMUNICATION STATEMENT OF ORGANIZATION (PLEASE TYPE)			N	2	JUL DID	26 PM 2: 46 MENT OF STATE NOF ELECTIONS
1. Full Name of Organization					11	Telephone
Voters Response		8				850-727-7087
Mailing Address (include city,		2. O.C.				
101 South Monroe Street			1			
Street Address (include city, state 101 South Monroe Street Talla						
2. Affiliated or Connected Or	ganizati	ons		n in seining to one		
Name of Affiliated or Connected Organizatior	۱.	Mailing	Addre	ss	s Relationship	
None					ŀ	IAND DELIVERED
3. Area, Scope and Jurisdicti Statewide organ			rm	voters		
4. Identify by Name, Address	& Posit	ion, the Custodiar	of Bo	oks & Accoun	its for th	e Organization
Full Name	Ma	ailing Address	5	Street Address		Title or Position
Rachel Kruse	General 1, 2015 - 201	Monroe St assee, FL	ana series a	lahassee, FL		reasurer
 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. 						
	- COMMANN					LITOT I

and a second				The second s	
 List By Name, Mailing a deputy treasurer, if any (ir 	nd Street Address, & Positic nclude chairperson's name a	on, Other Pr nd informa	rincipal Officers tion)	, including	g the treasurer and
Full Name	Mailing Address	Street Address		Title or Position	
David E. Ramba	101 S Monroe St Tallahassee, FL 32301	101 S Monroe St Tallahassee, FL 32301		Chair	
7. List By Name, Address, Organization Is Support	Office Sought, & Party Affil ing	iation, Eacl	h Candidate or C	Other Indiv	vidual that this
Full Name	Mailing Address	3	Office Sou	ght	Party
To Be Determined					
	on, What Disposition will be her consistent with the Orga			ls?	
9. List All Banks, Safety De Communications	posit Boxes, or Other Depo	sitories Us	ed by this Orgar	ization fo	r Electioneering
Name of Bank or Depository Mailing Address				3	
			3ox 900 hassee, FL 32301		
10. List All Reports Require & Positions of Such Offi	ed to be Filed by this Organi cials, If Any	zation with	Federal Official	s, & the N	ames, Addresses,
Report Title	Dates Required to be Filed	Name &	Position of Official		Mailing Address
RS	upon formation; annually	IRS			Service Center n, UT 84201
STATE OF Florida			Leon		COUNTY
,Da	vid Ramba	, ce	ertify that the infor	mation in I	this Statement of
Drganization is complete, true		UL 23 AI	4	7/11/20 Date	10
		<u>A 707</u>			

Form DS-DE 103 (Rev. 07/10) - page 2 of 2 Note: If necessary, continuation sheets should be used to complete the form.

		Prin	t Reset	
S-DE 6 (Rev. 01/08)			-	
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAY ACCEPTANCE OF APPOINTMENT AND T 7 - 14 - 10 Date	VE READ THE FOR HAT THE FACTS S Church of Campa		UE.	
reasurer or deputy treasurer for Voters Response	e Committee or Organiza	tion)		
(Please Print or Type)		, do hereby	y accept the appointment as	
Campaign Treasurer's Acc Rachel Kruse	ceptance of Ar	- C.		
5. Signature of Chairman Aquid E. Rank	16. Name of Chain David E. F	3 39.6	e)	
^{2. city} Tallahassee	13. State		14. Zip Code 32301	
10. Name of Bank Capital City Bank	11. Street Address	00		
9. The following bank has been designated as the Prin	nary Depository	Seconda	ry Depository	
^{3. Street Address} 101 South Monroe Street Tallah	assee, FL	32301		
^{7. Mailing Address} 101 South Monroe Street Tallahassee,	FL 32301			
Rachel Kruse		(850) 727-7		
4. Name of Treasurer or Deputy Treasurer 5. Email (optional)		6. Telephone (or		
1. Committee or Organization 2. Voters Response 2.	Account Number	3. Telephone (850) 727-7	7087	
Original Appointment of Treasurer	tment of Treasurer	Deputy Treasurer		
CHECK APPROPRIATE BOX:	DEPART	RTMENT OF STATE		
COMMUNICATION ORGANIZATIONS (Sections 106.011(1) and 106.021(1), F.S.)	2010 JUL 26 PM 2: 46			
DEPOSITORY FOR POLITICAL COMMITTEES AND ELECTIONEERING	RECEIVED DEPARTMENT OF DEPARTMENT			
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN		OFFICEUSE		

£....

			Soloma .			
REGISTERED AGENT STATEMENT OF APPOINTME (Section 106.022, F.S.)	INT		OFFICE USEDNIAE, LA DEPARTMENT OF STATE 2010 JUL 26 PM 2:46			
✓ Original Appointment Change of Appointment	ntment		DEPARTMENT OF STATE DIVISION OF ELECTIONS	n		
Change of Mailing Address Change of Physic	cal Address					
Registered Ag	gent and Of	fice Inform	ation			
^{Name} David E. Ramba	11.		Telephone 850-727-7	087		
Street Address 101 South Monroe Street	t					
City Tallahassee	State Florid	la	Zip Code 32301	Zip Code 32301		
Mailing Address 101 South Monroe Stree						
City Tallahassee	State Flori	da	Zip Code 32301			
I accept this appointment and confirm that I am forth in Section 106.022, F.S. I also understan statement of resignation and filing it with the Divi	d that I may i	resign this ap	pointment by executing a writt	set en		
		Date	7/14/2010			
Signature of Registered Agent	and Office I	Date				
	and Office I					
Signature of Registered Agent Former Registered Agent a	and Office I		(for changes only)			
Signature of Registered Agent Former Registered Agent a Name Street Address			(for changes only) Telephone			
Signature of Registered Agent Former Registered Agent a Name	and Office I		(for changes only)			
Signature of Registered Agent Former Registered Agent a Name Street Address	State	nformation	(for changes only) Telephone Zip Code			
Signature of Registered Agent Former Registered Agent a Name Street Address City	State	nformation	(for changes only) Telephone Zip Code			
Signature of Registered Agent Former Registered Agent a Name Street Address City Committee or Organization	State Organizati	nformation	(for changes only) Telephone Zip Code	087		
Signature of Registered Agent Former Registered Agent a Name Street Address City Committee or Organization Voters Response	State Organizati	nformation	(for changes only) Telephone Zip Code tion	087		
Signature of Registered Agent Former Registered Agent a Name Street Address City Committee or Organization Voters Response Street Address 101 South Monroe Street	State Organizati Əet	nformation	(for changes only) Telephone Zip Code tion Telephone 850-727-7(Zip Code 32301	R C		
Signature of Registered Agent Former Registered Agent a Name Street Address City Committee or Organization Voters Response Street Address 101 South Monroe Street City Tallahassee	State Organizati Əet	nformation on Informa	(for changes only) Telephone Zip Code tion	RECE		
Signature of Registered Agent Former Registered Agent a Name Street Address City Committee or Organization Voters Response Street Address 101 South Monroe Street City Tallahassee Committee or organization is registered with: Division of Elections County	State Organizati Əet	nformation on Informa	(for changes only) Telephone Zip Code tion Telephone 850-727-70 Zip Code 32301	RECEIVE		
Signature of Registered Agent Former Registered Agent a Name Street Address City Committee or Organization Voters Response Street Address 101 South Monroe Street City Tallahassee Committee or organization is registered with: Division of Elections County	State Organizati Əet	on Information	(for changes only) Telephone Zip Code tion Telephone 850-727-70 Zip Code 32301 City	RECEIV		
Signature of Registered Agent Former Registered Agent a Name Street Address City Committee or Organization Voters Response Street Address 101 South Monroe Street City Tallahassee Committee or organization is registered with: Division of Elections County	State Organizati Əet	on Information	(for changes only) Telephone Zip Code tion Telephone 850-727-70 Zip Code 32301 City	RECEIVE		

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

Candidate/Chairperson:

David	E.	E. Ramba	
First Name	Middle Name	Last Name	
Voters Response			

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 (<u>http://www.miamidade.gov/elections/candidate.asp</u>) 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 (<u>http://www.miamidade.gov/elections/pacs.asp</u>) 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:	Candidate / Chairperson	Signature
_{Date:} July 18, 2012		
Primary Telephone Num	_{ber:} 850-727-7087	
Alternate Telephone Nur	mber: 850-443-4444	ELECTIONS
E-mail address: david	d@rambalaw.com	2013 JUL 23 AM 11: 42
ED 2 (Boy 4/12)		RECEIVED

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



Candidate (office sought):
Candidate's Florida Voter Registration Number:
Political Committee: Voters Response
Party Executive Committee:
Other:

David E. Ramba L

(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports <u>must</u> 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.

July 18, 2012

Signature of Candidate or Chairperson

Date

Day Time Telephone No: 850-727-7087

david@rambalaw.com Email Address:

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. PIAMI-DADE

2015 JUL 23 AMII: 42

RECEIVED

MD-ED 10 (Rev. 4/26/12)