

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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ELECTIONS

**1. Full Name of Committee**

Pets' Voice

Telephone

305-905-2749

Mailing Address (include city, state and zip code)

2470 SW 24th Ave. Miami, FL 33145

Street Address (include city, state and zip code)

2470 SW 24th Ave. Miami, FL 33145

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship
none	not applicable	not applicable

**3. Area, Scope and Jurisdiction of the Committee**

Miami-Dade County. Supporting issues related to animal welfare.

**4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)**

Promoting animal welfare and supporting issues to improve quality of life for animals.

**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
Lindsay Gorton	2470 SW 24th Ave. Miami, FL 33145	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
Michael Rosenberg	13030 N. Calusa Club. Dr. Miami, FL 33186	Chairperson

**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
n/a	n/a	n/a	n/a

**8. List Any Issues this Committee is Supporting:** Miami-Dade Ballot #240

**List Any Issues this Committee is Opposing:** n/a

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**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?**  
 returned to donors or donated to PAC that support animal welfare issues.

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


Name of Bank or Depository & Account Number	Mailing Address
Wellsfargo	1699 Coral Way, Miami, FL 33145

**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
Campaign Treasurer's Report	Every two weeks during election year, quarterly during non-election year.	Lindsay Gorton/ Treasurer	2470 SW 24th Ave. Miami, FL 33145

STATE OF Florida Dade COUNTY

I, Michael Rosenberg, certify that the information in this Statement of Organization is complete, true and correct.

**X**   
 Signature of Chairman of Political Committee

10/5/12  
 Date

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



Candidate (office sought): \_\_\_\_\_

Candidate's Florida Voter Registration Number: \_\_\_\_\_

Political Committee: supporting ballot item #240

Party Executive Committee: \_\_\_\_\_

Other: \_\_\_\_\_

I, Lindsay Gerten  
(Please print name of Candidate or Chairperson)

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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.

Lindsay f. gl. \_\_\_\_\_ 10-4-12 \_\_\_\_\_  
Signature of Candidate or Chairperson Date

Day Time Telephone No: 305-905-2749

Email Address: Lindsay7210@gmail.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.*



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

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Candidate/Chairperson:

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Lindsay

First Name

Jean

Middle Name

Gorton

Last Name

Pets' Voice

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 (<http://www.miamidade.gov/elections/candidate.asp>)  
*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 (<http://www.miamidade.gov/elections/pacs.asp>)  
*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:

Lindsay JG

Candidate / Chairperson Signature

Date:

10-4-12

Primary Telephone Number:

305-905-2749

Alternate Telephone Number:

305-477-8404

E-mail address:

Lindsay726@gmail.com

**REGISTERED AGENT  
STATEMENT OF APPOINTMENT**  
(Section 106.022, F.S.)

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- Original Appointment       Change of Appointment  
 Change of Mailing Address       Change of Physical Address

**Registered Agent and Office Information**

Name  
Lindsay Gorton      Telephone  
305-905-2749

Street Address  
2470 SW 24th Ave.

City  
Miami      State  
FL      Zip Code  
33145

Mailing Address  
2470 SW 24th Ave.

City  
Miami      State  
FL      Zip Code  
33145

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.

10/9/12

\_\_\_\_\_  
Signature of Registered Agent

\_\_\_\_\_  
Date

**Former Registered Agent and Office Information (for changes only)**

Name      Telephone

Street Address

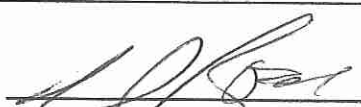
City      State      Zip Code

**Committee or Organization Information**

Name of Committee or Organization  
Pets' Voice

Street Address  
2470 SW 24th Ave.      Telephone  
305-905-2749

City  
Miami      State  
FL      Zip Code  
33145

  
\_\_\_\_\_  
Signature of Chairperson

  
\_\_\_\_\_  
Printed Name of Chairperson

10/9/12

\_\_\_\_\_  
Date

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

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CHECK APPROPRIATE BOX:

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Original Appointment of Treasurer       Reappointment of Treasurer       Deputy Treasurer

1. Committee or Organization Pets' Voice		2. Telephone (305 ) 905-2749	
3. Name of Treasurer or Deputy Treasurer Lindsay Gorton		4. Email (optional) lindsay726@gmail.com	
5. Telephone (optional) (305 ) 417-8404			
6. Mailing Address 2470 SW 24 Ave. Miami, FL 33145			
7. Street Address 2470 SW 24 Ave. Miami, FL 33145			
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank Wellsfargo		10. Street Address 1699 Coral Way	
11. City Miami		12. State FL	13. Zip Code 33145
14. Signature of Chairman <b>X</b> 		15. Name of Chairman (Print or Type) Michael Rosenberg	

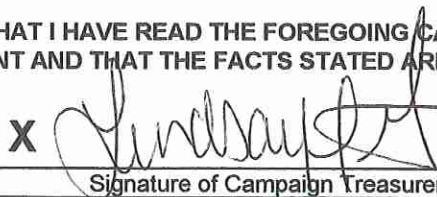
**Campaign Treasurer's Acceptance of Appointment**

I, Lindsay Gorton, do hereby accept the appointment as  
(Please Print or Type)  
Pets' Voice  
(Committee or Organization)  
treasurer or deputy treasurer for \_\_\_\_\_

**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.**

10/4/12

Date

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