ELECTIONEERING COMMUNICATION STATEMENT OF ORGANIZATION

(PLEASE TYPE)

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2013 MAR 22 PM 12: 15

MIAMI-DADE ELECTIONS

OFFICE USE ONLY

1. Full Name of Organization				Т	elephone
Miami Coalition					954) 966-2606
Mailing Address (include city, state and zip code)					
3900 SW 26th Street, West Park, FL 33023					
Street Address (include city, state and zip code)					
3900 SW 26th Street, West Park, FL 33023					
2. Affiliated or Connected Organizations					
Name of Affiliated or Connected Organization		Mailing Address		Relationship	
N/A					
					10
					*
3. Area, Scope and Jurisdiction of the Organization Miami-Dade County					
supporting candidates in Miami-Dade County					
4. Identify by Name, Address					
Full Name		Mailing Address	Street Addr	ess	Title or Position
Barbara Hardemon		W 26th Street	3900 SW 26th Stree		Chairman/Treasurer
	West P	ark, Florida 33023	West Park, Florida 3	33023	

	Mailing Address	Street Address	Title or Position	
Barbara Hardemon	3900 SW 26th Street West Park, Florida 33023	3900 SW 26th Street West Park, Florida 33023	Chairman/Treasurer MIAMI-DADE ELECTIONS	
	*			
6. In the Event of Disso	lution, What Disposition will be	e Made of the Residual Fund	s?	
Not-for-Profit 501c3				
7 Liet All Banke Safots	/ Deposit Boxes, or Other Depo	ositoriae Usad by this Organ	ization for Electionsering	
Communications	Deposit boxes, or Other bepo	ositories osed by this organ	ization for Electioneering	
Name of Bank or Depository		Mailing Address		
Bank of America		5000 Biscayne Boulevard Miami, Florida 33137		
		Miami, Florida 33137	*	
		Miami, Florida 33137	¥	
	uired to be Filed by this Organi tions of Such Officials, If Any		, and the Names,	
			, and the Names, Mailing Address	
Addresses, and Posi	tions of Such Officials, If Any	zation with Federal Officials	,	
Addresses, and Posi	tions of Such Officials, If Any	zation with Federal Officials	,	
Addresses, and Posi	tions of Such Officials, If Any	zation with Federal Officials		
Addresses, and Posi	tions of Such Officials, If Any	zation with Federal Officials		
Addresses, and Posi	tions of Such Officials, If Any	zation with Federal Officials		
Addresses, and Posi	Dates Required to be Filed	zation with Federal Officials		
Addresses, and Posi Report Title N/A Florida	Dates Required to be Filed	zation with Federal Officials Name & Position of Official	Mailing Address Miami-Dade	
Report Title N/A STATE OF Barbara Hardemo I,	Dates Required to be Filed	zation with Federal Officials Name & Position of Official	Mailing Address Miami-Dade COUNTY	
Report Title N/A STATE OF Barbara Hardemo I,	Dates Required to be Filed	zation with Federal Officials Name & Position of Official	Mailing Address Miami-Dade COUNTY	
Report Title N/A STATE OF Barbara Hardemo I, of Organization is com	Dates Required to be Filed	name & Position of Official , certify that the infor	Mailing Address Miami-Dade COUNTY	

REGISTERED AGENT STATEMENT OF APPOINTMENT

RE COFFICE USE ONLY

(Section 106.022, F.S.)		2013 MAR 22 PM 12: 15		
Original Appointment Change of Appoin	ntment	MIAP ELE	MI-DADE CTIONS	
☐ Change of Mailing Address ☐ Change of Physics	al Address			
		Office Information	on	
Name Barbara Hardemon			Telephone (954) 966-2606	
Street Address 3900 SW 26th Street				
City West Park	State Florio	da	Zip Code 33023	
Mailing Address 3900 SW 26th Street				
City West Park	State Florio	da	Zip Code 33023	
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. Signature of Registered Agent Date				
Former Registered Agent and Office Information (for changes only)				
Name Name Telephone		Telephone		
Street Address		- 3		
City	State		Zip Code	
Committee or	Organiza	ation Informatio	n	
Name of Committee or Organization Miami Coalition				
Street Address 3900 SW 26th Street		. The second	Telephone (954) 966-2606	
City West Park	State Flori	ida	Zip Code 33023	
Signature of Chairperson				
Barbara Hardemon 3/22//3				
Printed Name of Chairperson		Date		

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Access to Handbook and the Election Laws of the State of Florida 13 MAR 22 PM 12: 15

		MIAMI-DADE ELECTIONS
Candidate/Chairperson:		ELECTIONS
Barbara Hardemon		
First Name	Middle Name	Last Name
Miami Coalition		
C	Office Sought / Organization	
I acknowledge that it is my requirements described in the County Elections Department W	e following resources a	
	e Laws and Handbooks, the andbooks, Qualifying Informa	e Election Laws of the State of ation, Electronic Reporting Dates
Political Committee Handboo Contains information on Stat Florida, County Laws and Ha Important Committee Information	te Laws and Handbooks, the andbooks, Electronic Report	Election Laws of the State of ing Dates and Procedures,
Acknowledged by:	Candidate / Chairperson	Signature
Date:	1004 Till 100 Till 100	
Primary Telephone Number:	(954) 966-2606	
Alternate Telephone Number:		
E-mail address: BHarder	mon@aol.com	

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Campaign Treasurer's Report 2013 MAR 22 PM 12: 15 For Microil Date 2 for Miami-Dade County



	MIAMI-DADE ELECTIONS			
	□ Candidate (office sought):			
	Candidate's Florida Voter Registration Number:			
	Political Committee:			
	□ Party Executive Committee:			
	Other: Miami Coalition			
Ι,	Barbara Hardemon (Please print name of Candidate or Chairperson)			
understand that Campaign Treasurer's Reports <u>must</u> be filed electronically in order to				
	mply with Miami-Dade County requirements.			
Mia	ditionally, a hard copy of the Campaign Treasurer's Reports must be printed from the ami-Dade County Elections Department website and submitted by the reporting adline with original signatures.			
	Bras 3/20/13			
	Signature of Candidate or Chairperson Date			
Da	y Time Telephone No: (954) 966-2606			
Em	nail Address: BHardemon@aol.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.