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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MIAMI-DADE ELECTIONS

CHECK APPROPRIATE BOX:			OFFICE USE ONLY	
Original Appointment of Treasurer Reappoin	tment of Treasurer		Deputy Treasurer	
1. Committee or Organization		2. Telephone		
Community Advocates for Libraries in Miami (CALM)		(305) 213-3934		
Name of Treasurer or Deputy Treasurer		5. Telephone (optional)		
Mercedes Munias muniasm@gmail.com		(305) 336-2600		
6. Mailing Address 9765 SW 92 Terrace, Miami, FL 33176				
7. Street Address				
8. The following bank has been designated as the X Primary Depository Secondary Depository				
9. Name of Bank	P. Name of Bank 10. Street Address			
BB&T	BB&T 2000 Por		nce De Leon Blvd	
11. City	12. State		13. Zip Code	
Coral Gables	FL		33134	
14. Signature of Chairman	Signature of Chairman (Print or Type)		e)	
X Elen Buge	Ellen Ber	ger		
Campaign Treasurer's Acceptance of Appointment				
I, Mercedes Munias (Please Print or Type)		, do hereb	by accept the appointment as	
treasurer or deputy treasurer for Community Advocates for Libraries in Miami (CALM)				
(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.				
2/1/14 X lleury elling				
/ Date	Signature of Camp	aign i reasurer or l	Deputy Treasurer	

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI-DADE EtelephoneNS

1. Full Name of Committee

Community Advocates for Libraries in Miami (CALM)

305-213-3934

Mailing Address (include city, state and zip code)

PO BOX 557832, Miami, FL 33255

Street Address (include city, state and zip code) 2706 N Greenway Dr, Miami, FL 33134

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship
NA	MA	NA

3. Area, Scope and Jurisdiction of the Committee

Support county and municipal candidates; and issues

- 4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.) Library services
- 5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)

	Committee Title or Position	
2706 N Greenway Drive, Miami, FL 33134	Chairperson, Co-founder	
9765 SW 92 Terrace, Miami, FL 33176	Treasurer, Co-founder	
15688 SW 85 LN, Miami, FL 33193	Site Manager, Co-founder	
	9765 SW 92 Terrace, Miami, FL 33176	

	s and Position, Other Principal (Any (include chairman's name)		cers and Mem	bers of the	
Full Name	Mailing Addr	ress	Committee Title or Position		
Ellen Berger Sharon Carpenter Patricia Gormley Elyse Kennedy Mercedes Munias Manuel Pasos Audrey Ryan Ricci Yuhico	2706 N Greenway Dr, Miami, FL 33134 1600 Goldeneye Lane, Homestead, FL 3 6427 Windmill Gate Rd, Miami, FL 3301 18725 SW 84 Ave, Cutler Bay, FL 33157 9765 SW 92 Terrace, Miami, FL 33176 8475 SW 165 Pl., Miami, FL 33193 13023 SW 112 PL, Miami, FL 33193 15688 SW 85 LN, Miami, L 33193	33035 Mana 4 Strat 7 Co-fe Freas Mana Co-fe	Chairperson, Co-founder Manager, Co-founder Strategic Communications/Media Outreach, Co-founder Co-founder Treasurer, Co-founder Manager, Co-founder Co-founder Site Manager, Co-founder		
	s, Office Sought and Party Affilia ing (if none, please indicate)	ation Each Candidate	or Other Indivi	dual that this	
Full Name	Mailing Address	Office So	Office Sought		
TBD	TBD	TBD	TBD		
8. List Any Issues this C	ommittee is Supporting: Funding a	nd increased revenue for MDPLS	to maintain or enhance	e services as it stands in	
FY 2013-2014. List Any Issues this Committee is Opposing: The defunding or political manuevers that will decrease revenue for MDPLS, thereby decreasing library services offered to Miami-Dade County and partnered municipalities.					
9. If this Committee is Su N/A	ipporting the Entire Ticket of a	Party, Give Name of Pa	arty		
	lution, What Disposition will be urned to the donors, pro-rata.	Made of Residual Fun	ds?		
11. List all Banks, Safety	Deposit Boxes, or Other Depos	itories Used for Comm	nittee Funds		
Name of Bank or De	Name of Bank or Depository & Account Number Mailing Address				
BB&T		2000 Ponce de Leon E Coral Gables, FL 3313			
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 O	fficial M	ailing Address	
N/A					
STATE OF Florida Miami-Dade COUNTY					
I, Ellen Berger Organization is complete,	3	SMORETUSTING the infor	mation in this S	statement of	
X Elem Signature of	Se:	SOM FEB II AMII	2/1/2 Da	014	

REGISTERED AGENT STATEMENT OF APPOINTMENT

(Section 106.022, F.S.)

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X Original Appointment Change of Appointment		MIAMI-DADE ELECTIONS		
☐ Change of Mailing Address ☐ Change of Physica	al Address			
Registered Ag	ent and C	Office Information		
Name Ellen Berger		Telephone (305)-213-3934		
Street Address 2706 N Greenway Dr				
City Miami	State FL	Zip Code 33134		
Mailing Address PO BOX 557832				
City Miami	State FL	Zip Code 33255		
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.				
Elem Berge 2/1/14		2/1/14		
Signature of Registered Agent		Date		
Former Registered Agent a	nd Office	Information (for changes only)		
Name		Telephone		
Street Address		*		
City	State	Zip Code		
Committee or Organization Information				
Name of Committee or Organization Community Advocates for Libraries in Miami (CAL)	VI)			
Street Address 2706 N Greenway DR		Telephone (305)-213-3934		
City Miami	State FL	Zip Code 33134		
Elen Berge				
Signature of Chairperson				
Ellen Berger 2/1/14				
Printed Name of Chairperson		Date		