

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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2014 APR 17 AM 11:25

MIAMI-DADE
ELECTIONS

1. Full Name of Committee

MIAMI-DADE COUNTY WORKING WITH YOU

Telephone

954-744-8440

Mailing Address (include city, state and zip code)

900 S. Pine Island Road #220, Plantation, FL 33324

Street Address (include city, state and zip code)

900 S. Pine Island Road #220, Plantation, FL 33324

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship
N/A		

3. Area, Scope and Jurisdiction of the Committee

Miami-Dade County political committee for candidates to promote excellence in government.

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

Political

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
Cynthia Sobel	900 S. Pine Island Road #220 Plantation, FL 33324	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
Sally A. Heyman	1050 N.E. 181 St North Miami Beach, FL 33162	Chairwoman

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
to be determined			

8. List Any Issues this Committee is Supporting: to be determined

List Any Issues this Committee is Opposing: to be determined

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party

N/A

10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?

Contributed to TAX-exempt organizations pursuant to IRC section 501(c)(3), committees, parties, and/or as otherwise allowed by law

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

Name of Bank or Depository & Account Number	Mailing Address
Bank of America	1199 NE 163 Street North Miami Beach, FL 33162

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
SS-4	upon formation	Internal Revenue Service	Ogden, UT 84201
Form 1120POL	3/15/2015	Internal Revenue Service	Ogden, UT 84201

STATE OF Florida Miami-Dade COUNTY

I, Sally A. Heyman, certify that the information in this Statement of

Organization is complete, true and correct.


Signature of Chairman of Political Committee

4-10-14
Date

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**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:

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Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization <i>Miami Dade County Working With You</i>		2. Telephone <i>(954) 744-8440</i>	
3. Name of Treasurer or Deputy Treasurer <i>Cynthia S Sobel</i>		4. Email (optional) <i>csobel@theflacpa.com</i>	
5. Telephone (optional) <i>(954) 744-8440</i>			
6. Mailing Address <i>900 S Pine Island Road #220 Plantation FL 33324</i>			
7. Street Address <i>same</i>			
8. The following bank has been designated as the		<input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository	
9. Name of Bank <i>Bank of America</i>		10. Street Address <i>1199 NE 163 St.</i>	
11. City <i>North Miami Beach</i>		12. State <i>FL</i>	13. Zip Code <i>33162</i>
14. Signature of Chairman <i>Sally Heyman</i>		15. Name of Chairman (Print or Type) <i>Sally A. Heyman</i>	

Campaign Treasurer's Acceptance of Appointment

I, *Cynthia S Sobel*, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for *Miami Dade County Working With You*
(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.

4-10-14
Date

Cynthia S Sobel
Signature of Campaign Treasurer or Deputy Treasurer

**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 Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization MIAMI-DADE COUNTY WORKING WITH YOU		2. Telephone (954) 744-8440
3. Name of Treasurer or Deputy Treasurer Sally A. Heyman	4. Email (optional)	5. Telephone (optional) ()

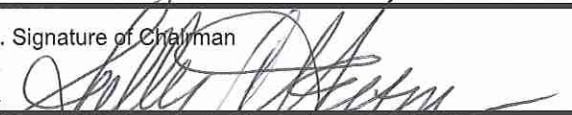
6. Mailing Address
1050 NE 181 Street, North Miami Beach, FL 33162

7. Street Address
same

8. The following bank has been designated as the Primary Depository Secondary Depository

9. Name of Bank Bank of America	10. Street Address 1199 NE 163 Street
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11. City North Miami Beach	12. State FL	13. Zip Code 33162
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14. Signature of Chairman X 	15. Name of Chairman (Print or Type) <i>Sally A. Heyman</i>
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Campaign Treasurer's Acceptance of Appointment

I, **Sally A. Heyman**, do hereby accept the appointment as
(Please Print or Type)

treasurer or deputy treasurer for **MIAMI-DADE COUNTY WORKING WITH YOU**
(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.**

4-10-14 **X** 
Date Signature of Campaign Treasurer or Deputy Treasurer

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

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MIAMI-DADE
ELECTIONS

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

Registered Agent and Office Information

Name Cynthia Sobel		Telephone 954-744-8440
Street Address 900 S. Pine Island Road #220		
City Plantation	State FL	Zip Code 33324
Mailing Address same		
City	State	Zip Code

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.

Cynthia Sobel 4/10/14
Signature of Registered Agent Date

Former Registered Agent and Office Information (for changes only)

Name N/A	Telephone	
Street Address		
City	State	Zip Code

Committee or Organization Information

Name of Committee or Organization MIAMI-DADE COUNTY WORKING WITH YOU		
Street Address 900 S. Pine Island Road #220		Telephone 954-744-8440
City Plantation	State FL	Zip Code 33324
<u>Sally A Heyme</u> Signature of Chairperson		<u>4-10-14</u> Date
<u>Sally A Heyme</u> Printed Name of Chairperson		