

**STATEMENT OF ORGANIZATION  
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**1. Full Name of Committee**

People Who Demand Honest Government, Inc

Telephone

305-576-1889

Mailing Address (include city, state and zip code)

2060 Biscayne Blvd. Second Floor, Miami, FL 33137

Street Address (include city, state and zip code)

Same

**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

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

To provide an active voice in affairs affecting our community.

**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
Norman Braman	2060 Biscayne Blvd. 2nd Fl Miami FL 33137	Treasurer
Robert Bernstein	" "	Deputy 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
Norman Braman	2060 Biscayne Blvd. 2nd Fl Miami FL 33137	President, Treasurer
Stanley J. Krieger	" "	Secretary
Robert Bernstein	" "	Assistant Treasurer

**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			

**8. List Any Issues this Committee is Supporting:** N/A

**List Any Issues this Committee is Opposing:** N/A

**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?**

Compliance with statutory requirements, including return of contributions or donations as legally authorized.

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

Name of Bank or Depository & Account Number	Mailing Address
City National Bank, 25 W. Flagler St. Acct Number 1753667673	2855 LeJeune Rd. Coral Gables FL 33142

**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

STATE OF Florida COUNTY Miami-Dade

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

**X**

Signature of Chairman of Political Committee

2/9/15

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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CHECK APPROPRIATE BOX:

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Original Appointment of Treasurer       Reappointment of Treasurer       Deputy Treasurer

1. Committee or Organization People Who Demand Honest Government, Inc..	2. Telephone (305 )576-1889
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3. Name of Treasurer or Deputy Treasurer      4. Email (optional) Norman Braman, Treasurer Robert Bernstein, Deputy Treasurer	5. Telephone (optional) (305/576-1889
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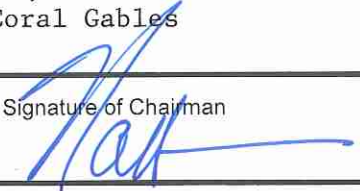
6. Mailing Address  
2060 Biscayne Boulevard, Second Fl, Miami FL 33137

7. Street Address  
Same

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

9. Name of Bank City National Bank of Fl	10. Street Address 2855 LeJeune Rd.
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11. City Coral Gables	12. State Fl	13. Zip Code 33134-6612
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14. Signature of Chairman <b>X</b> 	15. Name of Chairman (Print or Type) Norman Braman
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**Campaign Treasurer's Acceptance of Appointment**

I, Norman Braman, do hereby accept the appointment as  
treasurer or deputy treasurer for People Who Demand Honest Government, Inc.  
(Please Print or Type) <sup>Demand</sup>  
(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.**

2/9/15

Date

**X**

  
Signature of Campaign Treasurer or Deputy Treasurer

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

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ELECTIONS DEPARTMENT

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

**Registered Agent and Office Information**

Name Stanley J. Krieger		Telephone 305/576-1889
Street Address 2060 Biscayne Blvd., Second Fl		
City Miami	State FL	Zip Code 33137
Mailing Address Same		
City	State	Zip Code

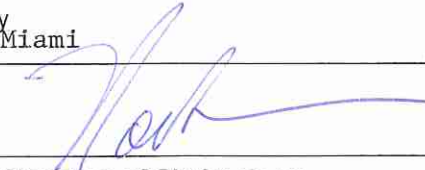
I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.

 \_\_\_\_\_ 2/9/15  
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 People Who Demand Honest Government, Inc.		
Street Address 2060 Biscayne Blvd. Second Fl		Telephone 305/576-1889
City Miami	State FL	Zip Code 33137
 Signature of Chairperson		
Norman Braman Printed Name of Chairperson		2/9/15 Date



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

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Candidate/Chairperson:

NORMAN

BRAMAN

First Name

Middle Name

Last Name

PEOPLE WHO DEMAND HONEST GOVERNMENT INC.

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.
[X] 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: [Signature] Candidate / Chairperson Signature

Date: 2/9/15

Primary Telephone Number: 305/576-1889

Alternate Telephone Number:

E-mail address: sheilaj@bramanmanagement.com

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

- Candidate (office sought): \_\_\_\_\_  
Candidate's Florida Voter Registration Number: \_\_\_\_\_
- Political Committee: People Who Demand Honest Government, Inc.
- Party Executive Committee: \_\_\_\_\_
- Other: \_\_\_\_\_

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I, Norman Braman  
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically via the Supervisor of Elections website by midnight of the day designated in order to comply with Miami-Dade County requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miami-Dade County regarding the filing of the campaign finance reports with the Supervisor of Elections were recently amended in that original signed hardcopies are no longer required.

I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade County, Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Absentee Ballot Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engaged in absentee ballot activities.

 2/9/15  
Signature of Candidate or Chairperson Date

Day Time Telephone Number: 305/576-1889

Alternate Contact Number: \_\_\_\_\_

Email Address: sheilaj@bramanmanagement.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.*