

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

OFFICE USE ONLY
RECEIVED

2015 FEB 17 PM 2:11

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 the South Florida 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

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 Floor 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:

List Any Issues this Committee is Opposing:

RECEIVED
 2015 FEB 17 PM 2:11
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

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?

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 West Flagler Street Account Number 1753667673	2855 LeJeune Road 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

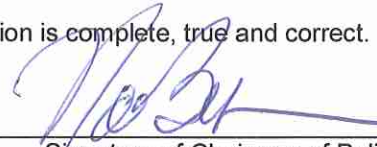
Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address

STATE OF Florida Miami-Dade COUNTY

I, Norman Braman, certify that the information in this Statement of

Organization is complete, true and correct.

X



Signature of Chairman of Political Committee

9/15/14

Date

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

RECEIVED
2015 FEB 17 PM 2:12
**MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT**

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization People Who Demand Honest Government, Inc		2. Telephone (305) 576-1889
3. Name of Treasurer or Deputy Treasurer	4. Email (optional)	5. Telephone (optional) ()

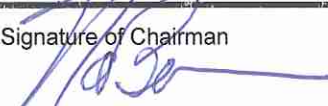
6. Mailing Address
2060 Biscayne Blvd. Second Floor, Miami, FL 33137

7. Street Address
Same

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

9. Name of Bank City National Bank	10. Street Address 2855 LeJeune Road
--	--

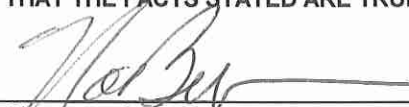
11. City Coral Gables	12. State FL	13. Zip Code 33134-6612
---------------------------------	------------------------	-----------------------------------

14. Signature of Chairman X 	15. Name of Chairman (Print or Type) Norman Braman
---	--

Campaign Treasurer's Acceptance of Appointment

I, NORMAN BRAMAN, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for PEOPLE WHO DEMAND HONEST GOVERNMENT, INC.
(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.**

9/15/14 **X** 
Date Signature of Campaign Treasurer or Deputy Treasurer

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

RECEIVED

2015 FEB 17 PM 2: 12

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

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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.

Signature of Candidate or Chairperson

Date

Day Time Telephone Number: 305-576-1889

Alternate Contact Number: _____

Email Address: _____

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.