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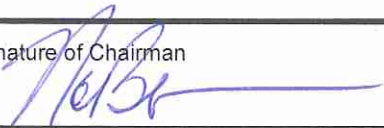
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

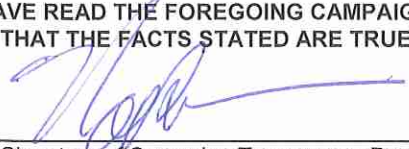
1. Committee or Organization People Who Demand Honest Government, Inc.		2. Telephone (305) 576-1889	
3. Name of Treasurer or Deputy Treasurer Norman Braman, Treasurer Robert Bernstein, Deputy Treasurer		4. Email (optional)	
		5. Telephone (optional) 305) 576-1889	
6. Mailing Address 2060 Biscayne Blvd. Second Fl, Miami FL 33137			
7. Street Address Same			
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank City National Bank of Florida		10. Street Address 2855 LeJeune Rd.	
11. City Coral Gables		12. State FL	13. Zip Code 33134 -6612
14. Signature of Chairman 		15. Name of Chairman (Print or Type) Norman Braman	

Campaign Treasurer's Acceptance of Appointment

I, Norman Braman (Please Print or Type), do hereby accept the appointment as 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.

3/2/15 Date


Signature of Campaign Treasurer or Deputy Treasurer

**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 Boulevard, Second Fl., 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 both political issues and candidates 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	Chairman, Treasurer
Stanley J. Krieger	" "	Secretary
Robert Bernstein	" "	Deputy 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 of Florida Account No.: 1753667673	2855 LeJeune Rd. Coral Gables FL 33134

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

3/2/15

Date

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