

# 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

305-579-1889

Mailing Address (include city, state and zip code)  
2060 Biscayne Blvd. 2nd 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 issues affecting our community as well as the election of candidates

**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 Floor Miami, FL 33137	Treasurer
Robert Bernstein	2060 Biscayne Blvd. 2nd Floor Miami, FL 33137	Deputy Treasurer
Teresa Encalada	2060 Biscayne Blvd. 2nd Floor Miami, FL 33137	Deputy Treasurer
Evan Bernstein	2060 Biscayne Blvd. 2n Fl Miami FL 33137	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 Floor Miami, FL 33137	Chairman
Stanley J. Krieger	2060 Biscayne Blvd. 2nd Floor Miami, FL 33137	Secretary
Robert Bernstein	2060 Biscayne Blvd. 2nd Floor Miami, FL 33137	Assistant Treasurer
Evan Bernstein	2060 Biscayne Bl. 2nd Floor Miami FL 33137	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	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


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 MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT

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

4/7/2015  
 \_\_\_\_\_  
 Date