

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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MIAMI-DADE
ELECTIONS

Telephone

305-439-3571

1. Full Name of Committee

ANIMAL POWER PARTY

Mailing Address (include city, state and zip code)

8845 SW 132ND ST. MIAMI, FL 33176

Street Address (include city, state and zip code)

8845 SW 132ND ST MIAMI, FL 33176

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

INFLUENCE ELECTIONS AND ISSUES IN MIAMI-DADE COUNTY.

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

CANDIDATES THAT WILL HONOR THE WILL OF THE PEOPLE AND OUR DEMOCRACY.

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

RITA SCHWARZ

8845 SW 132ND ST
MIAMI, FL 33176

CHAIRPERSON

CHARIL TAYLOR

8845 SW 132ND ST.
MIAMI, FL 33176

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
RITA SCHWARTZ	8845 SW 132 ND ST MIAMI, FL 33176	CHAIRPERSON
CHERIL TAYLOR	8845 SW 132 ND ST MIAMI, FL 33176	TREASURER
LEE ANN MORRISON	10201 SW 111 ST MIAMI, FL 33176	REGISTERED AGENT

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
NONE			

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?

DONATION TO 501 CB

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

Name of Bank or Depository & Account Number	Mailing Address
WELLS FARGO BANK	11765 S. DIXIE HWY MIAMI, FL 33156

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
N/A			

STATE OF FLORIDA COUNTY MIAMI-DADE

I, RITA SCHWARTZ, certify that the information in this Statement of

Organization is complete, true and correct.

X Rita Schwartz
Signature of Chairman of Political Committee

11-1-15
Date

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 ELECTIONS

**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 ANIMAL POWER PARTY		2. Telephone 305 439-3571	
3. Name of Treasurer or Deputy Treasurer CHERYL TAYLOR		4. Email (optional) ()	
5. Telephone (optional) ()			
6. Mailing Address 9760 SW 127th ST MIAMI, FL 33176			
7. Street Address 9760 SW 127th ST MIAMI, FL 33176			
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank WELLS FARGO BANK		10. Street Address 11765 S. DIXIE HWY	
11. City MIAMI		12. State FL	13. Zip Code 33156
14. Signature of Chairman X Rita Schwartz		15. Name of Chairman (Print or Type) RITA SCHWARTZ	

Campaign Treasurer's Acceptance of Appointment

I, **CHERYL TAYLOR**, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for **ANIMAL POWER PARTY**
(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.**

11/1/15
Date

X **Cheryl Taylor**
Signature of Campaign Treasurer or Deputy Treasurer

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

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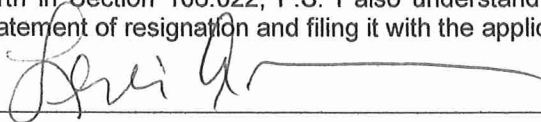
MIAMI-DADE
ELECTIONS

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

Registered Agent and Office Information

Name	LEE ANN MORRISON	Telephone	305 479-9274
Street Address	10201 SW 111 th ST		
City	MIAMI	State	FL
		Zip Code	33176
Mailing Address	10201 SW 111 th ST		
City	MIAMI	State	FL
		Zip Code	33176

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.



Signature of Registered Agent

Date

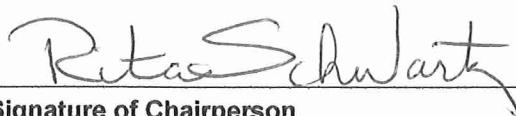
11-1-15

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	ANIMAL POWER PARTY		
Street Address	8845 SW 132 nd ST	Telephone	305 439-3571
City	MIAMI	State	FL
		Zip Code	33176



Signature of Chairperson

RIITA SCHWARTZ

Printed Name of Chairperson

Date

11-1-15



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

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MIAMI-DADE ELECTIONS

Candidate/Chairperson:

RITA

SCHWARTZ

First Name

Middle Name

Last Name

CHAIRPERSON

ANIMAL POWER PARTY

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)
Political Committee Handbook (http://www.miamidade.gov/elections/pacs.asp)

Acknowledged by: Rita Schwartz
Candidate / Chairperson Signature

Date: 11-1-15

Primary Telephone Number: 305 439-3571

Alternate Telephone Number: 305 491-5651

E-mail address: info@cupscalefurnituregallery.com

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



<input type="checkbox"/>	Candidate (office sought): _____	
	Candidate's Florida Voter Registration Number: _____	
<input checked="" type="checkbox"/>	Political Committee: <u>Animal Power Party</u>	2015 NOV -4 PM 12:55 MIAMI-DADE ELECTIONS
<input type="checkbox"/>	Party Executive Committee: _____	
<input type="checkbox"/>	Other: _____	

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I, RITA SCHWARTZ
(Please print name of Candidate or Chairperson)

I 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.

Lastly, I understand that Section 2.69(e) of the Code of Miami-Dade County requires that candidates for Property Appraiser also fill out the Miami-Dade county Contributing Entity ([MD-ED 19](#)) form for every reporting period if contributions are received from a corporation incorporated under the laws of the State of Florida or any other state or any foreign country of any partnership or any other legal entity other than a natural person.

Rita Schwartz _____ 11-1-15 _____
 Signature of Candidate or Chairperson Date

Day Time Telephone Number: 305 439 3571

Alternate Contact Number: 305 491 5651

Email Address: info@upscale-furniture-gallery.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.