

**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 COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization <i>Animal Power Party</i>		2. Telephone <i>(305) 439-3571</i>	
3. Name of Treasurer or Deputy Treasurer <i>Sharon F. Shaw</i>		4. Email (optional) <i>()</i>	
5. Telephone (optional) <i>()</i>			
6. Mailing Address <i>8845 SW 132nd Street Miami, FL 33176</i>			
7. Street Address <i>8845 SW 132nd Street Miami, FL 33176</i>			
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank <i>Wells Fargo Bank</i>		10. Street Address <i>11765 S. Dixie Hwy</i>	
11. City <i>Miami</i>		12. State <i>FL</i>	13. Zip Code <i>33156</i>
14. Signature of Chairman <i>X Rita Schwartz</i>		15. Name of Chairman (Print or Type) <i>Rita Schwartz</i>	

Campaign Treasurer's Acceptance of Appointment

I, *SHARON F SHAW*, 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.

Feb 28, 2016 *X Sharon F. Shaw*
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

Telephone

Animal Power Party

305-439-3571

Mailing Address (include city, state and zip code)

8845 SW 132nd Street Miami, FL 33176

Street Address (include city, state and zip code)

8845 SW 132nd Street 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 Schwartz

8845 SW 132nd Street
Miami, FL 33176

Chair Person

Sharon F.
Shaw

8845 SW 132nd Street
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 Street Miami, FL 33176	Chair Person
Sharon F. Shaw	8845 SW 132 nd Street 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 SDIC3

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 Highway 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 Miami-Dade COUNTY

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

Rita Schwartz
 Signature of Chairman of Political Committee

3-3-16
 Date

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