

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

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(PLEASE TYPE)

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MIAMI-DADE
ELECTIONS

1. Full Name of Committee

Telephone

Save Our Lincoln Road Neighborhood

786-2564654

Mailing Address (include city, state and zip code)

1672 NE 205 Ter
Miami, FL 33179

Street Address (include city, state and zip code)

1672 NE 205 Ter
Miami, FL 33179

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

Education of voters in Miami-Dade County

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

Neighborhood Preservation

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

Charles A.
Safdie

1672 NE 205 Ter
Miami, FL 33179

Chair, 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
N/A		

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: Neighborhood Preservation
List Any Issues this Committee is Opposing: Convention Center Hotel

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?
 Donated to a 501(c)3 not for Profit

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

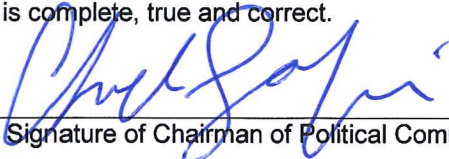
Name of Bank or Depository & Account Number	Mailing Address
TD Bank	1500 Miami Gardens Dr. Miami, FL 33179

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, Charles A. Saffie, certify that the information in this Statement of Organization is complete, true and correct.

X  Signature of Chairman of Political Committee

2/25/16 Date

**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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CHECK APPROPRIATE BOX:

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Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization <i>Save Our Lincoln Road Neighborhood</i>		2. Telephone <i>(786) 256-4654</i>	
3. Name of Treasurer or Deputy Treasurer <i>Charles A. Safdie</i>		4. Email (optional) <i>casafdie@gmail.com</i>	
5. Telephone (optional) <i>(786) 256-4654</i>			
6. Mailing Address <i>1672 NE 205 Ter, Miami, FL 33179</i>			
7. Street Address <i>1672 NE 205 Ter, Miami, FL 33179</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>TD Bank</i>		10. Street Address <i>1500 Miami Gardens Dr.</i>	
11. City <i>Miami</i>		12. State <i>FL</i>	13. Zip Code <i>33179</i>
14. Signature of Chairman <i>X Charles Safdie</i>		15. Name of Chairman (Print or Type) <i>Charles A. Safdie</i>	

Campaign Treasurer's Acceptance of Appointment

I, *Charles A. Safdie*, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for *Save Our Lincoln Road Neighborhood*
(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.**

2/25/2016
Date

X Charles Safdie
Signature of Campaign Treasurer or Deputy Treasurer

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

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

Registered Agent and Office Information

Name Charles A. Safdie Telephone 786-256-4654

Street Address 1672 NE 205 Ter.

City Miami State FL Zip Code 33179

Mailing Address 1672 NE 205 Ter.

City Miami State FL Zip Code 33179

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.

Charles A. Safdie 2/25/2016
Signature of Registered Agent Date

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
Save Our Lincoln Road Neighborhood

Street Address 1672 NE 205 Ter. Telephone 786-256-4654

City Miami State FL Zip Code 33179

Charles A. Safdie
Signature of Chairperson

Charles A. Safdie 2/25/2016
Printed Name of Chairperson Date



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

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MIAMI-DADE ELECTIONS

Candidate/Chairperson:

Charles

A

Safdie

First Name

Middle Name

Last Name

Save Our Lincoln Road Neighborhood

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>)
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.
- Political Committee Handbook (<http://www.miamidade.gov/elections/pacs.asp>)
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by: _____

Charles Safdie

Candidate / Chairperson Signature

Date: _____

2/25/2016

Primary Telephone Number: _____

786-256-4654

Alternate Telephone Number: _____

E-mail address: _____

casafdie@gmail.com

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



Candidate (office sought): _____

Candidate's Florida Voter Registration Number: _____

Political Committee: Save Our Lincoln Road Neighborhood

Party Executive Committee: _____

Other: _____

I, Charles A. Safdie
(Please print name of Candidate or Chairperson)

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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.

Charles A. Safdie

2/25/2016

Signature of Candidate or Chairperson

Date

Day Time Telephone Number: 786-256-4654

Alternate Contact Number: _____

Email Address: casafdie@gmail.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.