STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

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2016 APR 13 PM 3: 41

1. Full Name of Committee

Concerned Voters of Miami Lakes

FI ECTION Telephone

786-256-4654

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)

Mailing Address	Relationship
	=
	Mailing Address

3. Area, Scope and Jurisdiction of the Committee

Educate voters in Miami Dade County.

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

Quality of life of the residents of Miami Dade

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

	s and Position, Other Principal (Any (include chairman's name)			
Full Name	Mailing Addr	ess	committee Title or Position	
N/A		2016 APR 13 PM 3 MIAMI-DAD ELECTIONS	5: 41 E	
	s, Office Sought and Party Affilia			
Full Name	Mailing Address	Office Sough	t Party	
None	;			
8. List Any Issues this C	ommittee is Supporting: Quality	of life issues		
	ommittee is Opposing: None			
9. If this Committee is Su N/A	ipporting the Entire Ticket of a l	Party, Give Name of Party		
	lution, What Disposition will be 501(c)3 not for profit corp			
11. List all Banks, Safety	Deposit Boxes, or Other Depos	itories Used for Committe	ee Funds	
Name of Bank or De	oository & Account Number	Mailir	ng Address	
. — . —		1500 Miami Gardens Drive Miami, FL 33179		
12. List all Reports Requarts and Positions of Suc	ired to be Filed by this Committ h Officials, If Any	ee with Federal Officials a	and the Names, Addresses	S
Report Title	Dates Required to be Filed	Name & Position of Officia	Mailing Address	
N/A				
STATE OF Florida		Miami-Dade	COUNT	Υ
Charles A Safdie		, certify that the informat	tion in this Statement of	
Organization is complete,				
x /h/	* ay	04/13/	2016	
Signature of	Chairman of Political Committee		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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MIAMI-DADE ELECTIONS

CHECK APPROPRIATE BOX:			OFFICE USE ONLY
Original Appointment of Treasurer Reappoin	ntment of Treasurer		Deputy Treasurer
1. Committee or Organization		2. Telephone	
Concerned Voters of Miami Lakes		(786) 256-4	654
Name of Treasurer or Deputy Treasurer 4. Email (optional)	1)	5. Telephone (o	ptional)
Charles A Safdie casafdie@gmai	l.com	()	
6. Mailing Address 1672 NE 205 Ter., Miami, FL 33179			
7. Street Address 1672 NE 205 Ter., Miami, FL 33179			
8. The following bank has been designated as the Pri	mary Depository	Seconda	ry Depository
9. Name of Bank	10. Street Address		
TD Bank, NA	1500 Miam	i Gardens	Drive
11. City	12. State	п	13. Zip Code
Miami	FL		33179
14. Signature of Chairman	15. Name of Chair		e)
Campaign Treasurer's Ac	ceptance of A	ppointment	
Charles A Safdie (Please Print or Type)		, do hereb	by accept the appointment as
treasurer or deputy treasurer for Concerned Vot	ers of Miami l (Committee or Organiz		
UNDER PENALTIES OF PERJURY, I DECLARE THAT I H ACCEPTANCE OF APPOINTMENT AND 4/13/2016 X	AVE READ THE FO	STATED ARE TH	PAIGN TREASURER'S RUE.

REGISTERED AGENT STATEMENT OF APPOINTME (Section 106.022, F.S.)	NT		3 PM 3: 41
✓ Original Appointment ☐ Change of Appoin	tment	ELE	II-DADE CTIONS
☐ Change of Mailing Address ☐ Change of Physic	al Address		
Registered Ag	ent and Of	ffice Informatio	on
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			00110
City Miami	State FL		Zip Code 33179
I accept this appointment and confirm that I am forth in Section 106.022, F.S. I also understand statement of resignation and filing it with the applementary of Registered Agent	d that I may	resign this appoin	itment by executing a written
Former Registered Agent a	nd Office	Information (fo	r changes only)
Name NA			Telephone
Street Address			
City	State		Zip Code
		tion Informatio	1
		ion Informatio	1
Name of Committee or Organization Concerned Voters of Miami Lakes Street Address		ion Informatio	1
Committee or Name of Committee or Organization Concerned Voters of Miami Lakes		ion Informatio	n Telephone
Name of Committee or Organization Concerned Voters of Miami Lakes Street Address 1672 NE 205 Ter City	Organizat State	ion Informatio	Telephone 786-256-4654 Zip Code
Name of Committee or Organization Concerned Voters of Miami Lakes Street Address 1672 NE 205 Ter City Miami	Organizat State	tion Informatio	Telephone 786-256-4654 Zip Code 33179



Access to Handbook and the Election Laws of the State of Florida 3: 41

Candidate/Chairperson:		MIAMI-DADE ELECTIONS	
Charles	Α	Safdie	
First Name	Middle Name	Last Name	
Concerned Voters of	Miami Lakes		
	Office Sought / Organi	zation	
I acknowledge that it is my requirements described in th County Elections Department V	e following resou		
Contains information on Sta Florida, County Laws and H	te Laws and Handboo andbooks, Qualifying	hidade.gov/elections/candidate ks, the Election Laws of the So Information, Electronic Report , and Recent Legislative Chan	tate of ing Dates
Contains information on Sta	te Laws and Handboo andbooks, Electronic	dade.gov/elections/pacs.asp) ks, the Election Laws of the S Reporting Dates and Procedur gislative Changes.	
Acknowledged by:	m Safa	•	
	Candidate / Chairp	person Signature	
Date: 04/13/2016			
Primary Telephone Number:	786-256-4654		
Alternate Telephone Number:	NA		
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: Concerned Voters of Miami Lakes	
Party Executive Committee:	
Other:	
Charles A Safdie	
(Please print name of Candidate or Chairperson)	
understand that Campaign Treasurer's Reports <u>must</u> be filed electronically via Supervisor of Elections website by midnight of the day designated in order to conwith Miami-Dade County requirements. I also acknowledge that Sections 12-17 12-21 of the Code of Miami-Dade County regarding the filing of the campaign finareports with the Supervisor of Elections were recently amended in that original signardcopies are no longer required.	mply and ance
I also understand that, in accordance with Section 12-14.1 of the Code of Miami-E County, Florida, candidates running for the Offices of Miami-Dade County Ma Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Comust now file the Absentee Ballot Campaign Report (MD-ED 26) to disclose the natof paid campaign workers engaged in absentee ballot activities.	ayor, uncil
Lastly, I understand that Section 2.69(e) of the Code of Miami-Dade County requirements that candidates for Property Appraiser also fill out the Miami-Dade county Contributions (MD-ED 19) form for every reporting period if contributions are received from corporation incorporated under the laws of the State of Florida or any other state of foreign country of any partnership or any other legal entity other than a natural personal deviation.	uting om a any
Signature of Candidate or Chairperson Date	
orginatare of Carranate of Chairperson	
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.

MD-ED 10 (Rev. 6/15)