

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

1. Full Name of Committee

Good Government for Bal Harbour

305-531-2424

Mailing Address (include city, state and zip code)

600 Brickell Avenue, Suite 1715
Miami, Florida 33131

Street Address (include city, state and zip code)

600 Brickell Avenue, Suite 1715
Miami, Florida 33131

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

Candidate and Ballot measures in Miami Dade County and Bal Harbour Village, Florida.

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

Government

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
Jose A. Riesco	2600 S Douglas Rd, Suite 900 Coral Gables, FL 33134	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
Lynne Bloch Mullen	600 Brickell Avenue, Suite 600 Miami, Florida 33131	Chairperson
Juan-Carlos Planas	600 Brickell Avenue, Suite 600 Miami, Florida 33131	Registered Agent

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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
To Be Determined			

8. List Any Issues this Committee is Supporting: Ballot measures amending Charter to increase voter threshold to approve sale of public land and developments of monumental impact.
List Any Issues this Committee is Opposing: Ballot measure authorizing sale of public land without Council approval.

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?
 Return to Contributors or donate to 501(c)(3) organization

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

Name of Bank or Depository & Account Number	Mailing Address
First American Bank Account Number: To be provided	2295 Galiano St. Coral Gables, FL 33134

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
Form 8871	Within 24 Hours	IRS	Ogden, UT
Form 1120 POL	Annual, March 15	IRS	Ogden, UT
Form 990	Annual, May 15	IRS	Ogden, UT

STATE OF Florida Miami-Dade COUNTY

I, Lynne Bloch Mullen, certify that the information in this Statement of Organization is complete, true and correct.

X Lynne Bloch-Mullen 5-25-16
 Signature of Chairman of Political Committee Date

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

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ELECTIONS DEPARTMENT

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

Registered Agent and Office Information

Name: Juan-Carlos Planas, Esq. Telephone: 305-531-2424

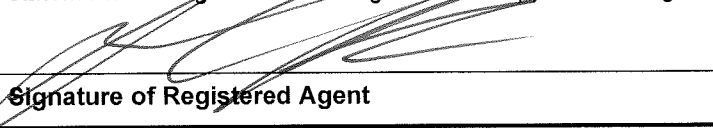
Street Address: 600 Brickell Avenue, Suite 1715

City: Miami State: Florida Zip Code: 33131

Mailing Address: 600 Brickell Avenue, Suite 1715

City: Miami State: Florida Zip Code: 33131

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.

 5/25/16
 Signature of Registered Agent Date

Former Registered Agent and Office Information (for changes only)

Name: _____ Telephone: _____

Street Address: _____


City: _____ State: _____ Zip Code: _____

Committee or Organization Information

Name of Committee or Organization: **Good Government for Bal Harbour**

Street Address: 600 Brickell Avenue, Suite 1715 Telephone: 305-531-2424

City: Miami State: Florida Zip Code: 33131


 Signature of Chairperson
Lynne Bloch Mullen
~~Juan-Carlos Planas~~
 Printed Name of Chairperson 5-25-16
 Date



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

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Candidate/Chairperson:

Lynne

Bloch Mullen

First Name

Middle Name

Last Name

Good Government for Bal Harbour

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: Lynne Bloch-Mullen
Candidate / Chairperson Signature

Date: 5/25/16

Primary Telephone Number: 305-861-7700

Alternate Telephone Number: 305-215-7700

E-mail address: lynnebloch@gmail.com

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



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- Candidate (office sought): _____
Candidate's Florida Voter Registration Number: _____
- Political Committee: Good Government for Bal Harbour
- Party Executive Committee: _____
- Other: _____

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Lynne Bloch Mullen

I, _____
(Please print name of Candidate or Chairperson)

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.

Lynne Bloch-Mullen

5-25-16

Signature of Candidate or Chairperson

Date

Day Time Telephone Number: 305-861-7700

Alternate Contact Number: 305-215-7700

Email Address: lynnebloch@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.