

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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1. Full Name of Committee

YES TO CITY

Telephone

305-935-0524

MIAMI-DADE
ELECTIONS

Mailing Address (include city, state and zip code)

1800 NE 196th Terrace
Miami, FL 33179

Street Address (include city, state and zip code)

1800 NE 196th Terrace
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
None		

3. Area, Scope and Jurisdiction of the Committee

Northeast Miami-Dade County, encouraging residents to vote to become a city

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

encouraging local residents to vote to become a city

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
Glenn Gopman	20590 West Dixie Highway Aventura, FL 33180	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
Robert Weisblum	1800 NE 196 Terrace, Miami, FL 33179	Chairman
Rick Schermer	2350 NE 201st Street, Miami, FL 33180	Vice-Chairman
Alan R. Hecht	2670 NE 215 Street, Miami, FL 33180	Vice-Chairman

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: Incorporating the Northeast Miami-Dade Area
List Any Issues this Committee is Opposing:

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?

Give to local civic organizations

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 Skylake Branch	1798 N.E. Miami Gardens Drive North Miami Beach, 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
None			

STATE OF Florida Miami-Dade COUNTY

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

X Robert Weisblum
Signature of Chairman of Political Committee

6/23/18
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 YES TO CITY		2. Telephone (305) 935-0524	
3. Name of Treasurer or Deputy Treasurer Glenn Gopman		4. Email (optional) <i>GLENN@CSTROEMEN.CPA.COM</i>	
5. Telephone (optional) <i>(305) 466-9772</i>			
6. Mailing Address 20590 West Dixie Highway, Aventura, FL 33180			
7. Street Address 20590 West Dixie Highway, Aventura, FL 33180			
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 skylake Branch</i>		10. Street Address <i>1798 NE Miami Gardens Drive North Miami Beach, FL 33179</i>	
11. City <i>North Miami Beach</i>		12. State <i>FL</i>	13. Zip Code <i>33179</i>
14. Signature of Chairman X <i>Robert Weisblum</i>		15. Name of Chairman (Print or Type) Robert Weisblum	

Campaign Treasurer's Acceptance of Appointment

I, **Glenn Gopman**, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for **YES TO CITY**
(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.**

6-13-18
Date

X *Glenn Gopman*
Signature of Campaign Treasurer or Deputy Treasurer

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

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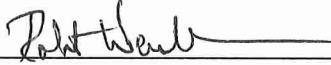
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- Original Appointment Change of Appointment
 Change of Mailing Address Change of Physical Address

Registered Agent and Office Information

Name Robert Weisblum		Telephone 305-935-0524
Street Address 1800 NE 196th Terrace		
City Miami	State FL	Zip Code 33179
Mailing Address 1800 NE 196th Terrace		
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.



Signature of Registered Agent

6/13/18

Date

Former Registered Agent and Office Information (for changes only)

Name NA		Telephone
Street Address		
City	State	Zip Code

Committee or Organization Information

Name of Committee or Organization YES TO CITY		
Street Address 1800 NE 196th Terrace		Telephone 305-935-0524
City Miami	State FL	Zip Code 33179



Signature of Chairperson

Robert Weisblum

Printed Name of Chairperson

6/13/18

Date

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



Candidate (office sought): _____

Candidate's Florida Voter Registration Number: _____

Political Committee: YES TO CITY

Party Executive Committee: _____

Other: _____

I, _____ Robert Weisblum

(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 Vote by Mail Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engaged in vote by mail ballot activities, if applicable.

Additionally, I understand that, in accordance with Sections 12-14.2 and 12-14.2.1 of the Code of Miami-Dade County, Florida, Miami-Dade County Elected Officers and 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 Reporting of Solicitation of Contributions for Political Committees, Electioneering Communications Organizations, 501(c)(4) Organizations and Political Parties (MD-ED 28) to publicly disclose when they commence solicitation activities for Political Committees, Electioneering Communications Organizations, Political Parties, and/or 501(c)4 organizations, if applicable.

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, if applicable.

Signature of Candidate or Chairperson

6/13/18

Date

Day Time Telephone Number: 305-935-0524

Alternate Contact Number: _____

Email Address: RWEISBLUM@COMCAST.NET

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.



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

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Candidate/Chairperson:

MIAMI-DADE
ELECTIONS

ROBERT

First Name

Middle Name

WEISBLUM

Last Name

YES TO CITY

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:

Robert Weisblum

Candidate / Chairperson Signature

Date:

6/13/18

Primary Telephone Number:

305-935-0524

Alternate Telephone Number:

3

E-mail address:

RWEISBLUM@COMCAST-NET