

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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MIAMI-DADE
ELECTIONS

1. Full Name of Committee

Say No, Inc.

Telephone

305/933
9594

Mailing Address (include city, state and zip code)

1971 ne 188 st
MIAMI, FL 33179-4350

Street Address (include city, state and zip code)

1971 ne 188 st
MIAMI, FL 33179-4350

2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

Name of Affiliated or
Connected Organization

Mailing address

Home phone

3. Area, Scope and Jurisdiction of the Committee

Less than countywide, NE Miami-Dade area for referendum 6

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

To defeat the proposal for a new municipality (County referendum 6)

5. Identify by Name, Address and Phone, the Following: (a) all persons who are or may be responsible for the

Organization

Mailing address

Home phone

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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
ALICIA ROOK	1971 NE 188 ST. MIAMI, FL 33179-4350	TREASURER

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MIAMI DADE ELECTIONS

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

8. List Any Issues this Committee is Supporting:

List Any Issues this Committee is Opposing: Incorporation of N.E. MIAMI-Dade County

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party

10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?

Returned to lates contributors or Drs. Without Borders

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

Name of Bank or Depository & Account Number	Mailing Address
Region's Bank Acct# 0248984000 16051 West Dixie Highway North Miami Beach, FL 33160	16051 West Dixie Highway North MIAMI BEACH FLORIDA 33160

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

STATE OF Florida COUNTY MIAMI-Dade

I, Ralph Brian Stringer-Rook, certify that the information in this Statement of Organization is complete, true and correct.

X R. Brian Stringer-Rook
Signature of Chairman of Political Committee

23 Oct. 2018
Date

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MIAMI-DADE ELECTIONS

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR POLITICAL COMMITTEES
(Sections 106.011(2) and 106.021(1), F.S.)

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CHECK APPROPRIATE BOX:

Initial Filing of Form

Re-filing to Change:

Treasurer/Deputy

Primary/Secondary Depository

1. Committee or Organization

Say No, Inc.

2. Telephone

(305) 933-9594

3. Name of Treasurer or Deputy Treasurer

Alicia Rook

4. Email (optional)

5. Telephone (optional)

(305) 933-9594

6. Mailing Address

1971 NE 188 St, MIAMI, FL 33179

7. Street Address

1971 NE 188 St, MIAMI, FL 33179

8. The following bank has been designated as the

Primary Depository

Secondary Depository

9. Name of Bank

Regions Bank

10. Street Address

16051 West Dixie Highway
North Miami Beach, FL 33160

11. City

North Miami Beach

12. State

FL

13. Zip Code

33160

14. Signature of Chairman

X *Ralph Brian Stringer-Rook*

15. Name of Chairman (Print or Type)

Ralph Brian Stringer-Rook

Campaign Treasurer's Acceptance of Appointment

I, Alicia Rook, do hereby accept the appointment as
(Please Print or Type)

treasurer or deputy treasurer for

Say No, Inc.

(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.

23 October 2018

Date

X

Alicia Rook

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 M. Baron, P.A. Telephone: (305)933-9292

Street Address: 2514 Hollywood Blvd., Suite 408

City: Hollywood State: FL Zip Code: 33020

Mailing Address: same
City: State: Zip Code:

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.

 10-23-18
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: Say No, Inc.
Street Address: 1971 N.E 188th Street Telephone: (305)933-9594
City: Miami State: FL Zip Code: 33179

 Signature of Chairperson

R. Brian Stringer-Rook 10-23-18
Printed Name of Chairperson Date

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

MIAMI-DADE ELECTIONS

Candidate/Chairperson:

Ralph Brian Stringer-Rook
First Name Middle Name Last Name
Say No, Inc.
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: Ralph Brian Stringer-Rook
Candidate / Chairperson Signature

Date: 23 October 2018

Primary Telephone Number: 305/933-9594

Alternate Telephone Number: 305/824-6097

E-mail address: SMACK714@bellsouth.net

