

**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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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**CHECK APPROPRIATE BOX:**

Initial Filing for:  Primary Treasurer  Deputy Treasurer

Re-filing to Charge:  Primary Treasurer  Deputy Treasurer  Primary-Secondary Depository

OFFICE USE ONLY

1. Committee  
Benjamins Voice PAC

2. Telephone  
1954 : 401-3228

3. Name of Treasurer or Deputy Treasurer  
Shelby Green

4. Email (optional):  
sbsllc2017@gmail.com

5. Telephone (optional):  
1850 : 661-3941

6. Mailing Address  
Po Box 5651 Tallahassee, FL 32314

7. Street Address  
2700 Welaunee Blvd Unit 101 Tallahassee, FL 32308

8. The following bank has been designated as the  Primary Depository  Secondary Depository

9. Name of Bank  
Wells Fargo

10. Street Address  
19500 N.W 27th Ave

11. City  
Miami Gardens

12. State  
FL

13. Zip Code  
33056

14. Signature of Chairman  


15. Name of Chairman (Print or Type):  
Willis Howard


**Campaign Treasurer's Acceptance of Appointment**

I, Shelby Green do hereby accept the appointment as

(Please Print or Type)  
treasurer or deputy treasurer for Benjamins Voice PAC  
(Committee)

**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.**

5/28/19  
Date

  
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF ORGANIZATION  
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**1. Full Name of Committee**

Benjamins Voice PAC

**Telephone**

954-401-3228

Mailing Address (include city, state and zip code)

P.O. Box 824915 Pembroke Pines, FL 33082

Street Address (include city, state and zip code)

16190 NW 27th Ave Miami, Fl. 33054

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

Name of Affiliated or  
Connected Organization

Mailing Address

Relationship

**3. Area, Scope and Jurisdiction of the Committee**

Miami-Dade County.


To support or oppose candidates for county and municipal office and other activities not prohibited by chapter 106, F.S.

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

Political

**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
Shelby Green	P.O. Box 5651 Tallahassee, Fl 32314	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	
Willis Howard	P.o. Box 824915 Pembroke Pines, Fl 33082	Director/Chair	
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
Campaign to Elect Sybrina Fulton	16190 NW 27th Ave	County Commissioner	Democrat
8. List Any Issues this Committee is Supporting: N/A			
List Any Issues this Committee is Opposing: N/A			
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?			
Funds will be disbursed as prescribed and allowed under Florida law.			
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	19850 N.W. 27th Ave Miami, Gardens 33056		
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	Upon Creation	Internal Revenue Service	Ogden, UT 84201
STATE OF <u>Florida</u>		<u>Miami- Dade</u> COUNTY	
I, <u>Willis Howard</u> , certify that the information in this Statement of Organization is complete, true and correct.			
<input checked="" type="checkbox"/>  Signature of Chairman of Political Committee		<u>5/15/19</u> Date	

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 ELECTIONS DEPARTMENT

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

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

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

**Registered Agent and Office Information**

Name Willis Howard		Telephone 954-401-3228
Street Address 16190 NW 27Th Ave		
City Miami	State FL	Zip Code 33054
Mailing Address P.O. Box 824915		
City Pembroke Pines	State FL	Zip Code 33082

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.


 \_\_\_\_\_ 5/15/19 \_\_\_\_\_  
**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 Benjamins Voice PAC		
Street Address P.O. Box 824915		Telephone 954-401-3228
City Pembroke Pines	State FL	Zip Code 33082

 \_\_\_\_\_  
**Signature of Chairperson**

Willis Howard \_\_\_\_\_ 5/15/19 \_\_\_\_\_  
**Printed Name of Chairperson** **Date**

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ELECTIONS DEPARTMENT

MIAMI-DADE

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

**Candidate/Chairperson:**

Willis	Perry	Howard
First Name	Middle Name	Last Name

Benjamins Voice PAC

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 ( )  
*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 ( )  
*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:   
Candidate / Chairperson Signature

Date: May 15, 2019

Primary Telephone Number: 954-401-3228

Alternate Telephone Number: NA

E-mail address: willishowardii@gmail.com

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



Candidate (office sought): \_\_\_\_\_  
Candidate's Florida Voter Registration Number: \_\_\_\_\_

Political Committee: Benjamins Voice PC

Party Executive Committee: \_\_\_\_\_

Other: \_\_\_\_\_

I, Willis Howard

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*(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 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] \_\_\_\_\_ Date 5/31/19

Signature of Candidate or Chairperson

Day Time Telephone Number: 954-401-3228

Alternate Contact Number: NA

Email Address: willishowardii@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.*