

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI-DADE  
ELECTIONS

Telephone  
786-355-7583

**1. Full Name of Committee**

Accountability 4All

Mailing Address (include city, state and zip code)  
8822 W 34th Ct, Hialeah, FL 33018

Street Address (include city, state and zip code)  
8822 W 34th Ct, Hialeah, FL 33018

**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**

Miami-Dade County - To support or oppose candidates for public office, and engage in other activities allowed under Florida Statutes and Election Law

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

Political - improve local government (municipality and county)

**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
Eduardo Lavin	8822 W 34th Ct. Hialeah, FL 33018	Chairman & 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
Eduardo Lavin	8822 W 34th Ct, Hialeah, FL 33018	Chairman & Treasurer

**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:** To Be Determined

**List Any Issues this Committee is Opposing:** To Be Determined

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**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?**  
Any activities allowed under Florida Law for disposal of residual funds

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

Name of Bank or Depository & Account Number	Mailing Address
Sabadell United Bank	1751 W 49th St, Hialeah, FL 33012

**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 Form 8453-X Form 1120POL Form 990	Upon Formation Upon Formation March 15, Annually May 15, Annually	Internal Revenue Service	Ogden, UT 84201

STATE OF Florida Miami-Dade COUNTY

I, Eduardo Lavin, certify that the information in this Statement of

Organization is complete, true and correct.

**X**   
Signature of Chairman of Political Committee

11/22/19  
Date

**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 for:  Primary Treasurer  Deputy Treasurer

Re-filing to Change:  Primary Treasurer  Deputy Treasurer  Primary/Secondary Depository

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1. Committee Accountability 4All		2. Telephone (786 ) 355-7583	
3. Name of Treasurer or Deputy Treasurer <b>Eduardo Lavin</b>		4. Email (optional) lavin.eduardo@gmail.com	
		5. Telephone (optional) (786 ) 355-7583	
6. Mailing Address 8822 W 34th Ct, Hialeah, FL 33018			
7. Street Address 8822 W 34th Ct, Hialeah, FL 33018			
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank Sabadell United Bank		10. Street Address 1751 W 49th St,	
11. City Hialeah		12. State FL	13. Zip Code 33012
14. Signature of Chairman <b>X</b> 		15. Name of Chairman (Print or Type) Eduardo Lavin	

**Campaign Treasurer's Acceptance of Appointment**

I, **Eduardo Lavin**, do hereby accept the appointment as  
(Please Print or Type)  
treasurer or deputy treasurer for Accountability 4All  
(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.

11/22/19

Date

**X**



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 <b>Eduardo Lavin</b>		Telephone <b>786-355-7583</b>
Street Address <b>8822 W 34th Ct</b>		
City <b>Hialeah</b>	State <b>FL</b>	Zip Code <b>33018</b>
Mailing Address <b>8822 W 34th Ct</b>		
City <b>Hialeah</b>	State <b>FL</b>	Zip Code <b>33018</b>

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

11/22/19

Date

**Former Registered Agent and Office Information (for changes only)**

Name <b>N/A</b>		Telephone
Street Address		
City	State	Zip Code

**Committee or Organization Information**

Name of Committee or Organization <b>Accountability 4All</b>		
Street Address <b>8822 W 34th Ct</b>		Telephone <b>786-355-7583</b>
City <b>Hialeah</b>	State <b>FL</b>	Zip Code <b>33018</b>

Signature of Chairperson

**Eduardo Lavin**

Printed Name of Chairperson

11/22/19

Date





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

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Candidate/Chairperson:

Eduardo

Lavin

MIAMI-DADE ELECTIONS

First Name

Middle Name

Last Name

Accountability 4All

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: [Signature] Candidate / Chairperson Signature

Date: 11/22/19

Primary Telephone Number: 786-355-7583

Alternate Telephone Number: 786-355-7583

E-mail address: lavin.eduardo@gmail.com

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



Candidate (office sought): \_\_\_\_\_

Candidate's Florida Voter Registration Number: \_\_\_\_\_

Political Committee: Accountability 4All

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

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

I, Eduardo Lavin

*(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 of Candidate or Chairperson

11/22/19

\_\_\_\_\_  
Date

Day Time Telephone Number: 786-355-7583

Alternate Contact Number: N/A

Email Address: lavin.eduardo@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.*