STATEMENT OF ORGANIZATION		OFFICE USE ONLY		
OF POLITICAL COMMITTEE		RECEIVED		
(PLEASE TYPE)		2022 NOV 21 PM 12: 26		
			HAMI CADE COUNTY	
1. Full Name of Committee			Telephone	
Independent i	democrats For Flor	idn-	786-529-8624	
Mailing Address (include city	state and zip code)			
8004 NW 154th St. Micumi Lakes, FL 33016, Suite				
Street Address (include city, s	tate and zip code)			
N/A-				
2. Affiliated or Connected Org committees)	ganizations (includes other committe	es of continuous exi	stence and political	
Name of Affiliated or Connected Organization	Mailing Addres	S	Relationship	
N/A-				
3. Area, Scope and Jurisdiction of the Committee			1	
Provide Leadership + communications consistent w/Mission in Dal				
4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)				
"Same As Above"				
5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)				
Full Name	Mailing Address Comm		mittee Title or Position	
Christopler NorwooD	5004 NW 154th St.	Chair	man	
NOVWOOD	8004 NW 154th St. Micomi Leikes, FL-33	5016 +7	reusiver	
	Soite # 6666			

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		
Christopler NorwooD Enic Hernandez	- Miami Lakes	8004 NW 1544h St. Muami Lakes, FL 3396		Chairmein	
Hernandez +Lee	Ile Suite # 666	ic suite # 666 General Coursel		course	
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	Mailing Address Office		Sought Party	
N/A-				PM 12: 26	
8. List Any Issues this Cor	nmittee is Supporting: POB	ic safely	commont	ty waity	
List Any Issues this Cor	nmittee is Opposing:	A to ale		t Itor ALL	
9. If this Committee is Sup	porting the Entire Ticket of a l	Party, Give Name o	f Party		
N/A-					
10. In the Event of Dissolu	tion, What Disposition will be	Made of Residual F	unds?		
Distribute to	o Non Profit				
11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds					
Name of Bank or Depository & Account Number Mailing Address					
Truist Bank		Niami Lackes, FL 33016			
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 o	of Official	Vailing Address	
NA					
STATE OF Florida Miami Dolle COUNTY					
I, Christopler Norwas , certify that the information in this Statement of					
Organization is complete, true and correct. X Signature of Chairman of Political Committee					

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN	RECEIVED		
DEPOSITORY FOR POLITICAL COMMITTEES (Sections 106.011(2) and 106.021(1), F.S.)	2022 NOV 21 PM 12: 26		
	MIANI DADE COUNTY BLECTIONS DEPARTMENT		
CHECK APPROPRIATE BOX:			
Initial Filing for: If Primary Treasurer Deputy Treasurer	OFFICE USE ONLY		
Re-filing to Change: Primary Treasurer Deputy Treasurer	Primary/Secondary Depository		
1. Committee Independent Democrats For Florid	2. Telephone (786) 529-8624		
3. Name of Treasurer or Deputy Treasurer 4. Email (optional)	5. Telephone (optional) ()		
6 Mailing Address			
5004 NW 154 th St. Miami Lakes, FL 33016, Soite #			
7. Street Address			
/			
8. The following bank has been designated as the Prim	nary Depository 🔲 Secondary Depository		
9. Name of Bank	10. Street Address		
Truist Bank	13101 NW 67th Ave		
11. City	12. State 13. Zip Code		
Miami Lakes	-Florida 33016		
14. Signature of Chairman	15. Name of Chairman (Print or Type)		
X Chellue Christopher Norway			
Campaign Treasurer's Acceptance of Appointment			
I, Christopher Norwood, (Please Print or Type), do hereby accept the appointment as			
treasurer or deputy treasurer for <u>Independen</u>	(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.			
$\frac{11/14/22}{Date}$ X (Signature of Campaign Treasurer or Deputy Treasurer		

DS-DE 6 (Rev. 4/19)

REGISTERED AGENT STATEMENT OF APPOINTMENT (Section 106.022, F.S.)		2022 NOV 21 PM 12: 26		
			MIANI DAGE COUNTY	
Original Appointment Change of Appoin	tment		ELECTIONS DEPARTMENT	
Change of Mailing Address Change of Physica	al Address			
Registered Ag			on	
Name CUNISTOPLEV NOVED Street Address 5004 NW 154th St., Soite # 6666 City City State Florida Zip Code 33016			Telephone 786-529-8624	
Street Address 5004 NW 154th St., So	ite#	666		
City Miami Lakes	State Flow	ab	Zip Code ろろこしら	
Mailing Address				
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.				
Former Registered Agent a	Former Registered Agent and Office Information (for changes only)			
Name NA Telephone			Telephone	
Street Address	Street Address			
City	State		Zip Code	
Committee or Organization Information			n	
Name of Committee or Organization Independent Democrats	Fay	Florida		
Street Address Telephone 786-529-8624				
City Laker State Florida		DA	Zip Code 33019	
Signature of Chairmorean				
Signature of Chairperson		1	1	
Christopher neneerd 11/14/22			1/22	
Printed Name of Chairperson		Date	/	

Form DS-DE 41 (revised 6/11)



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

2022 NOV 21 PM 12:26 Candidate/Chairperson: NEXUS Middle Name Last Name Horid Denvorats 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

(https://www.miamidade.gov/global/elections/candidate-gualifying-handbook.page) 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

(https://www.miamidade.gov/global/elections/political-committee-resources.page) 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: 11/14/22
Primary Telephone Number:786 - 529 - 8624
Alternate Telephone Number:N
E-mail address:N

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

Candidate (office sou	ght):				
Caņdidate's Florida Vot	er Registration Number:				
Political Committee:	Independent	Democrats	Fur	Florida	}_
Party Executive Com	mittee:				2022
Other:				CA CA	NON
1, Christopler	(Norwood)			NC.	2
U	(Please print name c	of Candidate or Chairperson)		DEPU	P

understand that Campaign Treasurer's Reports <u>must</u> 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 (<u>MD-ED 26</u>) 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 (<u>MD-ED 28</u>) 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 (<u>MD-ED 19</u>) 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.

ILO NO

Signature of Candidate or Chairperson

Date

Day Time Telephone Number:	786-529-8624
Alternate Contact Number:	N/A
Email Address:	NA

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.