

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

1. Full Name of Committee

Bridge The Gap

Telephone

305-965-6060

Mailing Address (include city, state and zip code)

P.O. Box 380135
Miami, FL 33238

Street Address (include city, state and zip code)

Same As Above

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

Miami Dade County

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
Roderick Harvey CPA, CVA	3816 Hollywood Boulevard, Suite 203 Hollywood, FL 33021	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
Delorise Morning	8080 N.W. 22 Ave Miami, FL 33147	chair person

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: TBD
 List Any Issues this Committee is Opposing: TBD

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party
No

10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?
 Pro-rata return, donated to a 501c3 or donated to another 527 as permitted by law.

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

Name of Bank or Depository & Account Number	Mailing Address
Regions Bank	450 North Park Road Hollywood, FL 33021

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
8871 990 1120-POL	Upon Formation Annually Annually	IRS	Ogden, UT 84201

STATE OF Florida COUNTY Miami-Dade

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

Delorise Morning
 Signature of Chairman of Political Committee

4-13-2023
 Date

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 ELECTIONS DEPARTMENT

**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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ELECTIONS DEPARTMENT

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

Bridge The Gap

2. Telephone

(305) 965-6060

3. Name of Treasurer or Deputy Treasurer 4. Email (optional)

Roderick Harvey CPA, CVA hctadmin@hct-cpa.com

5. Telephone (optional)

(954) 966-4435

6. Mailing Address

3816 Hollywood Boulevard, Suite 203, Hollywood, FL 33021

7. Street Address

3816 Hollywood Boulevard, Suite 203, Hollywood, FL 33021

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

9. Name of Bank

Regions Bank

10. Street Address

450 N. Park Road

11. City

Hollywood

12. State

FL

13. Zip Code

33021

14. Signature of Chairman

X *Delorise Morning*

15. Name of Chairman (Print or Type)

Delorise Morning

Campaign Treasurer's Acceptance of Appointment

I, Roderick Harvey CPA, CVA, do hereby accept the appointment as
(Please Print or Type)

treasurer or deputy treasurer for Bridge The Gap
(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.**

04/12/2023
Date

X *Roderick Harvey*
Signature of Campaign Treasurer or Deputy Treasurer

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

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ELECTIONS DEPARTMENT

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

Registered Agent and Office Information

Name HCT Certified Public Accountants and Consultants, LLC		Telephone 954-966-4435
Street Address 3816 Hollywood Boulevard, Suite 203		
City Hollywood	State FL	Zip Code 33021
Mailing Address Same as above		
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.



04/12/2023

Signature of Registered Agent

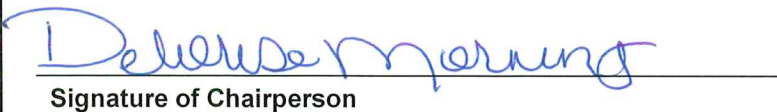
Date

Former Registered Agent and Office Information (for changes only)

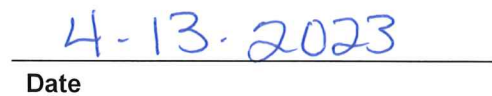
Name N/A		Telephone
Street Address		
City	State	Zip Code

Committee or Organization Information

Name of Committee or Organization Bridge The Gap		
Street Address P.O. Box 380135		Telephone 305-965-6060
City Miami	State FL	Zip Code 33238


Signature of Chairperson


Printed Name of Chairperson


Date



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

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Candidate/Chairperson:

Delorise Morning
First Name Middle Name Last Name

Bridge The Gap
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
Political Committee Handbook

Acknowledged by: Deloris M...
Candidate / Chairperson Signature

Date: 4-12-2023

Primary Telephone Number: 305-965-6060

Alternate Telephone Number: N/A

E-mail address: N/A

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



Candidate (office sought): _____

Candidate's Florida Voter Registration Number: _____

Political Committee: Bridges The Gap

Party Executive Committee: _____

Other: _____

I, Delorise Morning

(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.

Delorise Morning

Signature of Candidate or Chairperson

4-13-2023

Date

Day Time Telephone Number: 305-965-6060

Alternate Contact Number: N/A

Email Address: N/A

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.