

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI DADE COUNTY  
ELECTIONS DEPARTMENT

## 1. Full Name of Committee

Serving The People

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)

## 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

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,<br>CVA | 3816 Hollywood Boulevard, Suite 203<br>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  |
|-----------|-----------------|--|
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**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:

**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?**

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<br>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         | Upon Formation             | IRS                         | Ogden, UT 84201 |
| 990          | Annually                   |                             |                 |
| 1120-POL     | Annually                   |                             |                 |

STATE OF Florida Miami-Dade COUNTY

I, Delorise Morning, certify that the information in this Statement of

Organization is complete, true and correct.

**X** Delorise Morning  
Signature of Chairman of Political Committee

5-1-2023  
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

Serving The People

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** *Debrae Morning*

15. Name of Chairman (Print or Type)

**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 Serving The People  
(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.**

5-1-2023

Date

**X**

*ARH*

Signature of Campaign Treasurer or Deputy Treasurer



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

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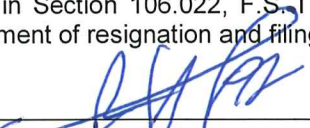
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- Original Appointment       Change of Appointment  
 Change of Mailing Address       Change of Physical Address

**Registered Agent and Office Information**

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

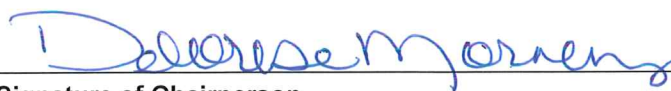
  
\_\_\_\_\_  
Signature of Registered Agent      05/01/2023  
Date

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

|                |       |           |
|----------------|-------|-----------|
| Name<br>N/A    |       | Telephone |
| Street Address |       |           |
| City           | State | Zip Code  |

**Committee or Organization Information**

|   |             |                           |
|---|-------------|---------------------------|
| Name of Committee or Organization<br>Serving The People |             |                           |
| Street Address<br>P.O. Box 380135                       |             | Telephone<br>305-965-6060 |
| City<br>Miami   | State<br>FL | Zip Code<br>33238         |

  
\_\_\_\_\_  
Signature of Chairperson      5-1-23  
Date

Delorise Morning  
\_\_\_\_\_  
Printed Name of Chairperson



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

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ELECTIONS DEPARTMENT

Candidate/Chairperson:

Delorise

Morning

First Name

Middle Name

Last Name

Serving The People

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-qualifying-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: Deloris Morning  
Candidate / Chairperson Signature

Date: 05/01/2023

Primary Telephone Number: 954-965-6060

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: Serving The People

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

5-1-23

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.*