STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Shield Our Children PC			305-710-5222	
Mailing Address (include city 250 NW 23rd Street Unit				
Street Address (include city, 250 NW 23rd Street Unit				
2. Affiliated or Connected Or committees)	ganizations (includes other committees of	continuous ex	istence and political	
Name of Affiliated or Connected Organization	Mailing Address	Mailing Address		
N/A				
3. Area, Scope and Jurisdiction of the Committee Miamin Dade County Candidate and ballot issues for legislative and countywide initiatives.				
4. Nature of Organization or Political, Government	Organization's Special Interest (e.g., medic	al, legal, educa	ation, etc.)	
5. Identify by Name, Address	and Position, the Custodian of Books and	Accounts (inc	lude treasurer's name)	
Full Name	Mailing Address	Comr	mittee Title or Position	
Jeffrey Giordano	250 NW 23rd Street Unit 305 Miami, 33127	FL Treasure	r	
Ying Zhang	250 NW 23rd Street Unit 305 Miami, 1 33127	FL Deputy T	Deputy Treasurer	

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 Addr	ress	Committee	Title or Position	
Jeffrey Giordano	250 NW 23rd Street Un 33127	it 305 Miami, FL	Candidate	Candidate	
Ying Zhang	250 NW 23rd Street Un	it 305 Miami, FL	Deputy Treasu	urer	
Committee is Supporti	s, Office Sought and Party Affilia ing (if none, please indicate)			idual that this	
Full Name	Mailing Address	Office	Sought	Party	
TO BE DETERMINED	,			2024 T	
8. List Any Issues this Co	ommittee is Supporting: TO BE	E DETERMINED			
List Any Issues this Co	ommittee is Opposing: TO BE	E DETERMINED		ADE O	
9. If this Committee is Su N/A	9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party				
	lution, What Disposition will be WED UNDER FLORIDA LAV			AL FUNDS	
11. List all Banks, Safety	Deposit Boxes, or Other Depos	sitories Used for Co	mmittee Funds		
Name of Bank or Der	pository & Account Number		Mailing Address		
		475 ARTHUR GODFREY RD MIAMI BEACH, FL 33140			
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	f Official M	Nailing Address	
SS4 FORM 8871 FORM 1120POL	UPON FORMATION UPON FORMATION March 15, Annually	INTERNAL REV SERVICE INTERNAL REV	,		
STATE OF Florida		Miami-D	ade	COUNTY	
I,	Jeffrey S. Giordano , certify that the information in this Statement of				
Organization is complete, t	rue and correct.		2/211	2024.	
Signature of Chairman of Political Committee Date					

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR

POLITICAL COMMITTEES

(Sections 106.011(2) and 106.021(1), F.S.)

SIGNATION OF CAMPAIGN DEPOSITORY FOR RECEIVED

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Signature/of Campaign Treasurer or Deputy Treasurer

CHECK APPROPRIATE BOX: Primary Treasurer Initial Filing for: Deputy Treasurer OFFICE USE ONLY Primary Treasurer Re-filing to Change: Deputy Treasurer Primary/Secondary Depository 1. Committee 2. Telephone Shield Our Children PC (305) 710-5222 3. Name of Treasurer or Deputy Treasurer 4. Email (optional) 5. Telephone (optional) (305) 710-5222 Jeffrey Giordano 6. Mailing Address 250 NW 23rd Street, Unit 305, Miami, FL 33127 7. Street Address 250 NW 23rd Street, Unit 305, Miami, FL 33127 8. The following bank has been designated as the Primary Depository **Secondary Depository** 9. Name of Bank 10. Street Address City National Bank 475 ARTHUR GODFREY RD 11. City 12. State 13. Zip Code MIAMI BEACH FL 33140 14. Signature of Chairman 15. Name of Chairman (Print or Type) Jeffrey Giordano Campaign Treasurer's Acceptance of Appointment Jeffrey Giordano , do hereby accept the appointment as (Please Print or Type) Shield Our Children PC treasurer or deputy treasurer for (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 X

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				
			OFFICE USE ONLY	
Re-filling to Change: Primary Treasurer Deputy Treasurer	Primary/Seconda	ary Depository		
1. Committee		2. Telephone		
Shield Our Children PC		(305) 710-5222		
Name of Treasurer or Deputy Treasurer 4. Email (optional)	1)	5. Telephone (optional)		
Ying Zhang		() N/A		
6. Mailing Address 250 NW 23rd Street, Unit 305, Miami, FL 33127				
7. Street Address	-			
250 NW 23rd Street, Unit 305, Miami, FL 33127				
8. The following bank has been designated as the Primary Depository Secondary Depository				
9. Name of Bank	10. Street Address	3		
City National Bank 475 ARTHUR GODFREY RD		RD		
11. City	12. Sta	ite	13. Zip Code	
MIAMI BEACH	FL		33140	
14. Signature of Chairman (Print or Type)		е)		
X Japy Tredano	Jeffrey Giordano			
Campaign Treasurer's Ac	ceptance of A	ppointment		
∫ ∕∕ing Zhang		ما ما ما		
(Please Print or Type)		, do nereb	by accept the appointment as	
treasurer or deputy treasurer for Shield Our Children PC				
	(Committe	e)		
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.				
v	30 ±	ち		
2/21/2024 X	Signature of Camp	aign Transurer or	Denuty Treasurer	

REGISTERED AGENT STATEMENT OF APPOINTMENT

(Section 106.022, F.S.)

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		A THE SECTION OF THE PROPERTY		
Original Appointment Change of Appointment	ntment ELE	AMI-BADE COUNTY CTIONS DEPARTMENT		
Change of Mailing Address Change of Physic	cal Address			
Registered Ag	ent and Office Informati	on		
Name Jeffrey Giordano		Telephone 305-710-5222		
Street Address 250 NW 23rd Street, Unit 305				
City Miami	State FL	Zip Code 33127		
Mailing Address 250 NW 23rd Street,Unit 305				
City Miami	State FL	Zip Code 33127		
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 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				
Shield Our Children PC				

State FL

Signature of Chairperson

Jeffrey Giordano

City **Miami**

Printed Name of Chairperson

2/21/2024

Zip Code 33127



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

Candidate/Chairperson:		
Jeffrey		Giordano
First Name	Middle Name	Last Name
SHIELD OUR CHILDREN PC		
C	Office Sought / Organization	
I acknowledge that it is my requirements described in the County Elections Department W	e following resources av	
Contains information on State Florida, County Laws and Ha	/global/elections/candidate-qu e Laws and Handbooks, the E	lection Laws of the State of on, Electronic Reporting Dates
Contains information on State Florida, County Laws and Ha	ok global/elections/political-comn e Laws and Handbooks, the E andbooks, Electronic Reporting ation, and Recent Legislative (lection Laws of the State of g Dates and Procedures,
Acknowledged by:	Seff Log S Grandidate / Chairperson Signal	
Date:2/2//202	9	
Primary Telephone Number:	305-710-5222	850 23 m
Alternate Telephone Number:	N/A	ARTHEN 38
jgiordano@gio	ordano4sheriff.com	

Reset Form

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



Candidate (office sought):		
Candidate's Florida Voter Registration Number:	m_	20
Political Committee: SHIELD OUR CHILDREN PC		1 70
Party Executive Committee:		B C
Other:		w III
I, Jeffrey Giordano	32	
(Please print name of Candidate or Chairperson)	where the second	8
understand that Campaign Treasurer's Reports <u>must</u> be filed electronically via to Elections website by midnight of the day designated in order to comply of County requirements. I also acknowledge that Sections 12-17 and 12-21 of the Dade County regarding the filing of the campaign finance reports with the Superviewer recently amended in that original signed hardcopies are no longer required.	with Mi	ami-Dade of Miami-
I also understand that, in accordance with Section 12-14.1 of the Code of Mian Florida, candidates running for the Offices of Miami-Dade County Mayor, Co-Community Council must now file the Vote by Mail Campaign Report disclose the names of paid campaign workers engaged in vote by mail b applicable.	mmissio (<u>MD-El</u>	oner, and <u>O 26</u>) to
Additionally, I understand that, in accordance with Sections 12-14.2 and 12-14. of Miami-Dade County, Florida, Miami-Dade County Elected Officers and Candidate Offices of Miami-Dade County Mayor, Commissioner, and Community Counce the Reporting of Solicitation of Contributions for Political Committees, Communications Organizations, 501(c)(4) Organizations and Political Parties publicly disclose when they commence solicitation activities for Political Electioneering Communications Organizations, Political Parties, a organizations, if applicable.	lates ru il must Elect (MD-EI	nning for now file ioneering 0 28) to
Signature of Candidate or Chairperson Date	1200	24,
Day Time Telephone Number: 305-710-5222		
Alternate Contact Number: N/A		
jgiordano@giordano4sheriff.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.