

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

Supporting or opposing any candidate, issue, or political party  
and which accepts contributions or makes expenditures  
during a calendar year in an aggregate amount in excess of \$500.  
(Section 106.03, Florida Statutes)

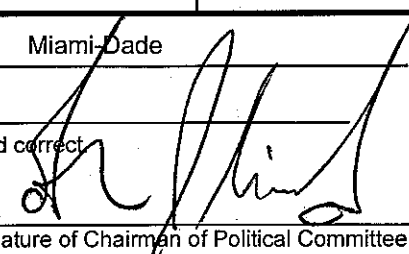
(PLEASE TYPE)

<b>1. Full Name of Committee</b> Village of the Falls Political Action Committee		Date 1/10/07
Mailing Address (if post office box or drawer, please add street address) 8560 SW 123 Street		Telephone ( 305 ) 597-6601
City Miami	County Miami-Dade	State FL
		Zip Code 33156
<b>2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)</b>		
Name of Affiliated or Connected Organization	Mailing Address	Relationship
<b>3. Area, Scope and Jurisdiction of the Committee</b> Incorporation of the area known as the Falls		
<b>4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)</b> Incorporation		
<b>5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)</b>		
Full Name	Mailing Address	Committee Title or Position
Kimrey Newlin Jr.	8560 SW 123 Street Miami, FL 33156	Treasurer

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MIAMI-DADE  
ELECTIONS

<b>6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)</b>			
Full Name	Mailing Address		Committee Title or Position
Andrew J. Nierenberg	13725 SW 104 Court Miami, FL 33176		Chairman
<b>7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting</b>			
Full Name	Mailing Address	Office Sought	Party
None			
<b>8. List Any Issues this Committee is Supporting:</b> Incorporation <b>List Any Issues this Committee is Opposing:</b>			
<b>9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party</b> n/a			
<b>10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?</b> All allowed by law			
<b>11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds</b>			
Name of Bank or Depository & Account Number		Mailing Address	
Suntrust Bank			
<b>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</b>			
Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
None			
STATE OF <u>Florida</u>		<u>Miami-Dade</u>	COUNTY
I, <u>Andrew J. Nierenberg</u>			
certify that the information in this Statement of Organization is complete, true and correct.			
		<b>X</b>	
		Signature of Chairman of Political Committee	

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**STATE OF FLORIDA**  
**APPOINTMENT OF CAMPAIGN TREASURER**  
**AND DESIGNATION OF CAMPAIGN DEPOSITORY**  
**FOR POLITICAL COMMITTEE**  
 (Section 106.021(1), F.S.)

**CHECK APPROPRIATE BOX**

- Original Appointment
- Deputy Treasurer
- Reappointment of Treasurer
- Secondary Depository

(PLEASE TYPE)

1. Committee Name Village of the Falls Political Action Committee	2. Mailing Address 8560 SW 123 Street
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Telephone (optional) (305) 597-6601	3. City Miami	4. County Miami-Dade	5. State FL	6. Zip Code 33156
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The following person has been appointed to serve as  Campaign Treasurer  Deputy Treasurer for the above named committee.

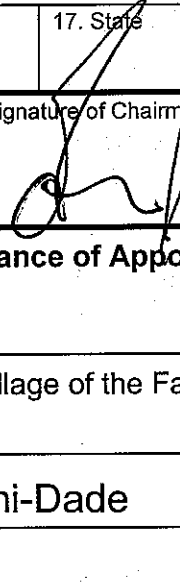
7. Name of Treasurer or Deputy Treasurer Kimrey Newlin Jr.	8. Street Address 8560 SW 123 Street
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9. City Miami	10. County Miami-Dade	11. State FL	12. Zip Code 33156
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I have designated the following named bank as my  Primary Depository  Secondary Depository

13. Bank Name (include account number)	14. Street Address
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15. City	16. County	17. State	18. Zip Code
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19. Name of Chairman Andrew J. Nierenberg	20. Signature of Chairman 
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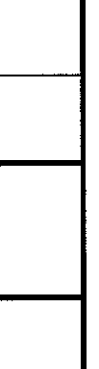
**Campaign Treasurer's Acceptance of Appointment**

I, Kimrey Newlin Jr., do hereby accept the appointment as  
 (Please Print or Type) Village of the Falls Political Action Committee

Campaign Treasurer  Deputy Treasurer for the \_\_\_\_\_

Committee. As a duly registered voter in Miami-Dade County, Florida, I am qualified to accept this appointment.

**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.**

1/10/07 Date  Signature of Campaign Treasurer or Deputy Treasurer