

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)

1. Full Name of Committee EIGHT IS ENOUGH MIAMI-DADE			Date 11/21/06
Mailing Address (if post office box or drawer, please add street address) 9400 S. DADELAND BLVD #110			Telephone (305) 670-0408
City MIAMI	County MIAMI DADE	State FL	Zip Code 33156

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 CHARTER AMENDMENT
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4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.) POLITICAL COMMITTEE
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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
MCHENRY HAMILTON	9400 S. DADELAND BLVD #110 MIAMI, FL 33156	TREASURER

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 MIAMI-DADE
 ELECTIONS

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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
EDWARD LUDOVICI	17415 S. DIXIE HWY PALMETTO BAY, FL 33157	CHAIRMAN

7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting

Full Name	Mailing Address	Office Sought	Party
NONE			

8. List Any Issues this Committee is Supporting: TERM LIMITS FOR COUNTY COMMISSIONERS
List Any Issues this Committee is Opposing:

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party
 NONE

10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?
 ANY DISPOSITION ALLOWED 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
METROBANK	P.O. BOX 560425 MIAMI, FL 33256-0425

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
NONE			

STATE OF FLORIDA MIAMI-DADE COUNTY

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

X Edward Ludovici
 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 EIGHT IS ENOUGH MIAMI-DADE		2. Mailing Address 9400 S. DADELAND BLVD. #110 MIAMI, FL 33156-2811			
Telephone (optional) (305)670-0408	3. City MIAMI	4. County MIAMI-DADE	5. State FL	6. Zip Code 33156-2811	

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 MCHENRY HAMILTON		8. Street Address 7860 SW 86 STREET #25			
9. City MIAMI	10. County MIAMI-DADE	11. State FL	12. Zip Code 33143		

I have designated the following named bank as my Primary Depository Secondary Depository

13. Bank Name (include account number) METROBANK		14. Street Address P.O. BOX 560425			
15. City MIAMI	16. County MIAMI-DADE	17. State FL	18. Zip Code 33256-0425		

19. Name of Chairman EDWARD LUDOVICI	20. Signature of Chairman 
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Campaign Treasurer's Acceptance of Appointment

I, **MCHENRY HAMILTON**, do hereby accept the appointment as
 (Please Print or Type) **EIGHT IS ENOUGH MIAMI-DADE**

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.

11-22-06 Date Signature of Campaign Treasurer or Deputy Treasurer
