OFFICE USE ONLY STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR POLITICAL COMMITTEES** AND ELECTIONEERING COMMUNICATION **ORGANIZATIONS** (Sections 106.011(1) & 106.021(1), F.S.) (PLEASE TYPE) **CHECK APPROPRIATE BOX:** Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository 1. Committee or Electioneering Communication Organization Name 2. Mailing Address 2873 N.W. 204TH LANE MOVING NEIGHBORHOODS FORWARD 5. State Telephone (optional) 3. City 4. County 6. Zip Code MIAMI MIAMI-DADE **FLORIDA** 33056 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 8. Street Address DARREN WATSON 9. City 10. County 11. State 12. Zip Code I have designated the following named bank as my Primary Depository Secondary Depository 13. Bank Name (include account number) 14. Street Address **BANK OF AMERICA** 15. City 16. County 17. State 18. Zip Code MIAMI MIAMI- DADE **FLORIDA** 20. Signature of Chairman 19. Name of Chairman X DARREN WATSON Campaign Treasurer's Acceptance of Appointment DARREN WATSON , do hereby accept the appointment as (Please Print or Type) ✓ Campaign Treasurer Deputy Treasurer for the MOVING NEIGHBORHOODS FORWARD Committee or Organization. As a duly registered voter in County, Florida, I am MIAMI- DADE 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. 02/27/2007 Date Signature of Campaign Treasurer or Deputy Treasurer

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STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI-DADE ELECTIONS

1. Full Name of Committee			Telephone
MOVING NEIGHBORHO			
Mailing Address (include cit	y, state and zip code)		
2873 N.W. 204TH LAN	NE, MIAMI GARDENS, FLORIDA, 3	3056	
Street Address (include city, 2873 N.W. 204TH LAN	state and zip code) E, MIAMI GARDENS, FLORIDA, 330	056	
Affiliated or Connected Or committees)	ganizations (includes other committees o	of continuous exis	tence and political
Name of Affiliated or Connected Organization	Mailing Address	,	Relationship
	•		
3. Area, Scope and Jurisdict	ion of the Committee		
MIAMI-DADE COUNTY	on of the committee		
4. Nature of Organization or	Organization's Special Interest (e.g., med	ical, legal, educat	ion, etc.)
EDUCATION, EMPLOYM	MENT		
5. Identify by Name, Address	and Position, the Custodian of Books ar	ıd Accounts (inclu	de treasurer's name)
Full Name	Mailing Address	Commi	ittee Title or Position
DARREN WATSON	2873 N.W. 204TH LANE, MIAMI GARDENS, FLORIDA, 33056	CHAIRMA	AN/ TREASURER
	-		

	and Position, Other Principal Any (include chairman's name		Officers and Me	mbers of the			
Full Name	Mailing Add	Mailing Address		Committee Title or Position			
DARREN WATSON		2873 N.W. 204TH LANE, MIAMI GARDENS, FLORIDA, 33056		CHAIRMAN/ TREASURER			
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: NEW SCHOOLS, JOBS, GOOD GOVERNMENT							
List Any Issues this Committee is Opposing:							
List Any issues and 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?							
CHARITIES AND/OR RETURNED TO DONOR							
Ad List all Davids Coffets Density Davids Da							
Name of Bank or Depository & Account Number		Mailing Address					
BANK OF AMERICA							
	•		<i>*</i>				
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 1	Mailing Address			
STATE OF FLORIDA		MIAMI- DADE COUNTY					
I, DARREN WATSON	, certify that the information in this Statement of						
Organization is complete, true and correct.							
X Duren Water Signature of Chairman of Political Committee 3,28,2007 Date							