

# ELECTIONEERING COMMUNICATION STATEMENT OF ORGANIZATION

(PLEASE TYPE)

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 MIAMI DADE COUNTY  
 ELECTIONS DEPARTMENT

**1. Full Name of Organization**

Miami-Dade Bipartisans for Good Government

Telephone

305-374-6263

Mailing Address (include city, state and zip code)

PO Box 370609

Street Address (include city, state and zip code)

Miami, FL 33137

**2. Affiliated or Connected Organizations**

Name of Affiliated or Connected Organization	Mailing Address	Relationship
None		

**3. Area, Scope and Jurisdiction of the Organization**

Miami Dade County and Municipalities within Miami-Dade County

**4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)**

Local government issues in Miami-Dade County

**5. Identify by Name, Address & Position, the Custodian of Books & Accounts (include treasurer's name)**

Full Name	Mailing Address	Committee Title or Position
Kathleen Earl	PO Box 370609 Miami, FL 33137	Treasurer

**6. List By Name, Address, & Position, Other Principal Officers, Including Officers & Members of the Finance Committee, If Any (include chairperson's name)**

Full Name	Mailing Address	Committee Title or Position
Kathleen Earl	PO Box 370609 Miami, FL 33137	Chairperson

**7. List By Name, Address, Office Sought, & Party Affiliation, Each Candidate or Other Individual that this Organization Is Supporting**

Full Name	Mailing Address	Office Sought	Party
Harvey Ruvin	915 North Shore Drive Miami Beach, FL 33141	Miami Dade County Clerk of Circuit Court	Democrat

**8. List Any Issues this Organization is Supporting: n/a**

List Any Issues this Organization is Opposing: n/a

**9. If this Organization is Supporting the Entire Ticket of a Party, Give Name of Party**  
n/a

**10. In the Event of Dissolution, What Disposition will be Made of the Residual Funds?**  
Returned to Donors

**11. List All Banks, Safety Deposit Boxes, or Other Depositories Used by this Organization for Electioneering Communications**

Name of Bank or Depository & Account Number	Mailing Address
COMMERCE BANK	12620 BISCAYNE BLVD W. MIAMI FL 33181

**12. List All Reports Required to be Filed by this Organization with Federal Officials, & the Names, Addresses, & Positions of Such Officials, If Any**

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
None			

STATE OF Florida COUNTY Miami-Dade

I, Kathleen Earl, certify that the information in this Statement of

Organization is complete, true, and correct.

X Kathleen Earl  
Signature of Chairperson of Organization

Sept. 10, 2008  
Date

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**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR POLITICAL  
COMMITTEES AND ELECTIONEERING  
COMMUNICATION ORGANIZATIONS**  
(Sections 106.011(1) and 106.021(1), F.S.)

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CHECK APPROPRIATE BOX:

Original Appointment of Treasurer       Reappointment of Treasurer       Deputy Treasurer

1. Committee or Organization: Miami-Dade Bipartisans for Good Government  
2. Account Number: \_\_\_\_\_  
3. Telephone: (305 ) 374-6263

4. Name of Treasurer or Deputy Treasurer: Kathleen Earl  
5. Email (optional): \_\_\_\_\_  
6. Telephone (optional): (305 ) 374-6263

7. Mailing Address: PO Box 370609, Miami, FL 33137

8. Street Address: None

9. The following bank has been designated as the  Primary Depository  Secondary Depository

10. Name of Bank: COMMERCE BANK  
11. Street Address: 12620 BISCAYNE BLVD.

12. City: NORTH MIAMI  
13. State: FL  
14. Zip Code: 33181

15. Signature of Chairman: *Kathleen Earl*  
16. Name of Chairman (Print or Type): Kathleen Earl

**Campaign Treasurer's Acceptance of Appointment**

I, Kathleen Earl, do hereby accept the appointment as  
(Please Print or Type)  
treasurer or deputy treasurer for Miami-Dade Bipartisans for Good Government  
(Committee or Organization)

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.

September 9, 2008  
Date

*Kathleen Earl*  
Signature of Campaign Treasurer or Deputy Treasurer

**REGISTERED AGENT  
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

(Please Type)

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Original Appointment     Change of Appointment

**Registered Agent and Office Information**

Name **Hugo Arza** Telephone **305-536-8426**

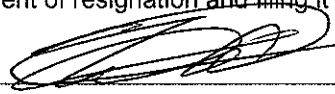
Street Address **1441 Brickell Avenue, Suite 1500**

City **Miami** State **FL** Zip Code **33131**

Mailing Address **Same**

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 Division of Elections.



September 9, 2008

Signature of Registered Agent

Date

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

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Committee or Organization Information**

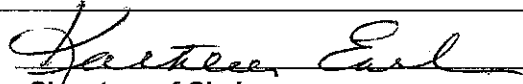
Name of Committee or Organization  
**Miami-Dade Bipartisans for Good Government**

Street Address **PO Box 370609** Telephone **305-374-6263**

City **Miami** State **FL** Zip Code **33137**

Committee or organization is registered with:

Division of Elections     County **Miami-Dade**     City \_\_\_\_\_



Signature of Chairperson

Kathleen Earl

September 9, 2008

Print Name of Chairperson

Date