

**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.)

OFFICE USE ONLY
RECEIVED
08 SEP 23 PM 1:55
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization Coalition of North Dade Homeowners	2. Account Number	3. Telephone ()
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4. Name of Treasurer or Deputy Treasurer Willis Howard	5. Email (optional) willishowardii@gmail.com	6. Telephone (optional) ()
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7. Mailing Address
12555 Biscayne Blvd., 953

8. Street Address
Miami, Florida 33181

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

10. Name of Bank Bank of America	11. Street Address 8685 N.W. 186th Hialeah, FL 33018
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12. City Miami	13. State FL	14. Zip Code 33018
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15. Signature of Chairman X	16. Name of Chairman (Print or Type)
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Campaign Treasurer's Acceptance of Appointment

I, Willis Howard, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for Coalition of North Dade Homeowners
(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.**

9 / 23 / 08
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

1. Full Name of Committee

Telephone

Coalition of North Dade Homeowners

Mailing Address (include city, state and zip code)

12555 Biscayne Blvd., #953

Street Address (include city, state and zip code)

North Miami, Florida 33181

2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

Name of Affiliated or
Connected Organization

Mailing Address

Relationship

3. Area, Scope and Jurisdiction of the Committee

Miami-Dade County voter registration and increasing turnout

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

Voter registration and information

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

Willis Howard

822 ne 125th St, suite 114

Chairman,
Treasurer

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

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

8. List Any Issues this Committee is Supporting: voter registration/ information

List Any Issues this 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?

returned to givers

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

Name of Bank or Depository & Account Number	Mailing Address
Bank of America	8685 N.W. 186 st Hialeah, FL 33018

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

STATE OF Florida

Miami-Dade COUNTY

I, Willis Howard, certify that the information in this Statement of

Organization is complete, true and correct.

X

Signature of Chairman of Political Committee

Date

9/23/08

STATE OF FLORIDA
 COUNTY CLERK
 MIAMI-DADE COUNTY
 08 SEP 23 PM 1:55