## STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

RECEIVED

2014 MAR 11 PM 4: 31

MIAMI-DADE COUNTY

1.	Full	Name o	of Committee
		I detille c	or committees

Friends of Miami-Dade College

Telephone 305-373-5500 ext.2231

Mailing Address (include city, state and zip code) 1450 Brickell Ave., Suite 1800, Miami, FL 33131

Street Address (include city, state and zip code)

Same as Above

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

Committees)				
Name of Affiliated or Connected Organization	Mailing Address	Relationship		
,				

3. Area, Scope and Jurisdiction of the Committee

### Countywide Issues

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

### Education

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
Antonio L. Argiz	1450 Brickell Ave., Suite 1800, Miami, FL 33131	Treasurer
Ed S. Torgas	1450 Brickell Ave., Suite 1800, Miami, FL 33131	Deputy Treasurer

6. List by Name, Address Finance Committee, If /	and Position, Other Principal ( Any (include chairman's name)	Officers, Including	Officers and	d Members of the		
Full Name	Mailing Address		Comi	mittee Title or Position		
Louis Wolfson	9400 S. Dadeland Blvd. Miami, FL 33156	., Suite 100,	Chairman & President			
7. List by Name, Address, Committee is Supportir	, Office Sought and Party Affiliang (if none, please indicate)	ation Each Candida	ite or Other	Individual that this		
Full Name	Mailing Address	Office Sought		Party		
NA						
8. List Any Issues this Co	mmittee is Supporting: Educa	ition Funding		E1 20		
List Any Issues this Co		3000000		2014 MAR ELECTIO		
9. If this Committee is Sur	pporting the Entire Ticket of a l	Party, Give Name o	f Party	II P		
10. In the Event of Dissolu	10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?					
11. List all Banks, Safety I	Deposit Boxes, or Other Depos	sitories Used for Co	ommittee Fu	ınds =		
Name of Bank or Depo	ository & Account Number		Mailing Ad	ldress		
Regions Bank	2800 Ponce De Leon Blvd., 9th Floor Coral Gables, FL 33134					
12. List all Reports Requir and Positions of Such	red to be Filed by this Committ n Officials, If Any	tee with Federal Off	licials and th	he Names, Addresses		
Report Title	Dates Required to be Filed	Name & Position o	of Official	Mailing Address		
STATE OF Florida		Miami	i-Dade	COUNTY		
<sub>ı.</sub> Louis Wolfson I	III	, certify that the i	nformation ir	this Statement of		
Organization is complete, tr	ue and correct.					
X Ref			3	15/14		
Signature of C			Date			

## RECEIVED

## 2014 MAR 11 PM 4: 31

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

#### APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR

POLITICAL COMMITTEES (Sections 106.011(1) and 106.021(1), F.S.)

CHECK APPROPRIATE BOX:			OFFICE USE ONLY
Original Appointment of Treasurer Rea	appointment of T	reasurer	Deputy Treasurer
1. Committee or Organization		2 Telephone	
Friends of Miami-Dade College	(305 ) 373-	5500	
Name of Treasurer or Deputy Treasurer     4. Email (op	otional)	5. Telephone (	optional)
Antonio L. Argiz		(305 ) 373-	5500
6 Mailing Address 1450 Brickell Ave., Suite 1800,	Miami, F	L 33131	
7. Street Address			
Same as above			
8. The following bank has been designated as the	Primary Depo	sitory Seconda	nry Depository
9. Name of Bank	10. Street	Address	
Regions Bank	2800	Ponce De Leon	Blvd., 9th Floor
11. City		12. State	13. Zip Code
Coral Gables		FL	33134
14. Signature of Chairman	10	of Chairman (Print or Typ	e)
X Paff	Louis	s Wolfson III	
Campaign Treasurer's	s Acceptanc	e of Appointment	
Antonio L. Argiz , do hereby accept the appointment as			
treasurer or deputy treasurer for Friends of Miami-Dade College			
	(Committee o	or Organization)	43
UNDER PENALTIES OF PERJURY, I DECLARE THAT ACCEPTANCE OF APPOINTMENT.	T I HAVE READ AND THAT THE	THE FOREGOING CAMP	PAIGN TREASURER'S RUE.
3.5-H X	- 1 x 10 11	MOXCUAN	y
Date DS-DE 6 (Rov. 7/10)	~Signature c	of Campaign Treasure/or/	Oéputy Treasurer

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

RECEIVED

2014 MAR II PM 4:31

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:			OFFICE USE ONLY	
Original Appointment of Treasurer Reappoin	ilment of Treasurer	$\overline{\times}$	Depuly Treasurer	
Committee or Organization		2. Telephone		
Friends of Miami-Dade College		(305 ) 373-5	500	
Name of Treasurer or Deputy Treasurer	)	5 Telephone (o	ptional)	
Ed S. Torgas		(305 ) 373-5	500	
6. Mailing Address 1450 Brickell Ave., Suite 1800, Mia	6. Mailing Address 1450 Brickell Ave., Suite 1800, Miami, FL 33131			
7. Street Address				
Same as above				
8. The following bank has been designated as the X Primary Depository Secondary Depository				
9. Name of Bank	10. Street Address			
Regions Bank	2800 Ponc	e De Leon	Blvd., 9th Floor	
11. City	12. State		13. Zip Code	
Coral Gables	FL		33134	
14. Signature of Chairman	15. Name of Chair	man (Print or Type	e)	
X Louis Wolfson III				
Campaign Treasurer's Ac	ceptance of A	ppointment		
<sub>I.</sub> Ed S. Torgas		, do hereb	y accept the appointment as	
(Please Print or Type)				
treasurer or deputy treasurer for Friends of Miam	11-Dade Collé (Committee or Organia			
	5			
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.				
	Chill			

)(

Signature of Campaign Treasurer or Deputy Treasurer

# RECEIVED

### REGISTERED AGENT STATEMENT OF APPOINTMENT

OZDPEWAR ONLY PM 4: 31

(Section 106.022, F.S.)		MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
Original Appointment Change of Appointment	atment	
Change of Mailing Address Change of Physic	al Address	
Registered Ag	ent and Office Informa	ation
Name Ed S. Torgas		Telephone 305-373-5500
Street Address 1450 Brickell Ave., Suite 1800		
City Miami	State FL	Zip Code 33131
Mailing Address Same as above		
City	State	Zip Code
forth in Section 106.022, F.S. I also understand statement of resignation and filing it with the appl Signature of Registered Agent  Former Registered Agent a	icable filing officer.	-/v/14
Name	na Onice mormacon	Telephone
		7.000017.000000
Street Address		
City	State	Zip Code
Committee or	Organization Informa	tion
Name of Committee or Organization		
Friends of Miami-Dade College		C
Street Address 1450 Brickell Ave., Suite 1800	,	Telephone 305-373-5500
City Miami	State FL	Zip Code 33131
Signature of Chairperson		3/5/14
Louis Wolfson III Printed Name of Chairperson	Date	2 18 M
Trinted Name of Champerson	Diffe	

## RECEIVED



### Access to Handbook and the Election Laws of the State of Florida

2014 MAR 11 PM 4:31

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Candidate/Chairperson:		======================================
Louis Wolfson		Wolfson III
First Name	Middle Name	Last Name
Friends of Miami-Da	de College	
	Office Sought / Organizati	on
	he following resources	nd, understand and follow the s available on the Miami-Dade
Contains information on St Florida, County Laws and I	ate Laws and Handbooks, Handbooks, Qualifying Info	de.gov/elections/candidate.asp) the Election Laws of the State of rmation, Electronic Reporting Dates d Recent Legislative Changes.
	ate Laws and Handbooks, Handbooks, Electronic Rep	the Election Laws of the State of orting Dates and Procedures,
Acknowledged by:  Date:	Candidate / Chairpers	on Signature
	305-373-5500	
Primary Telephone Number:	1	
Alternate Telephone Number	<sub>r:</sub> 305-373-5500	
E-mail address: etorgas	@mbafcpa.com	