

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

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

OFFICE USE ONLY



Original Appointment of Treasurer



Reappointment of Treasurer



Deputy Treasurer

1. Committee or Organization

Friends of Miami-Dade College

2. Telephone

(305) 373-5500

3. Name of Treasurer or Deputy Treasurer

4. Email (optional)

Antonio L. Argiz

5. Telephone (optional)

(305) 373-5500

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



Primary Depository



Secondary Depository

9. Name of Bank

Regions Bank

10. Street Address

2800 Ponce De Leon Blvd., 9th Floor

11. City

Coral Gables

12. State

FL

13. Zip Code

33134

14. Signature of Chairman

X

15. Name of Chairman (Print or Type)

Louis Wolfson III

Campaign Treasurer's Acceptance of Appointment

I, Antonio L. Argiz

, do hereby accept the appointment as

(Please Print or Type)

treasurer or deputy treasurer for

Friends of Miami-Dade College

(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.

3-5-14

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

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

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**MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT**

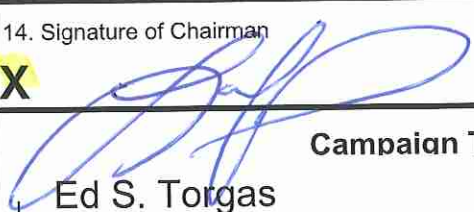
CHECK APPROPRIATE BOX:

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☐ Original Appointment of Treasurer

☐ Reappointment of Treasurer

☒ Deputy Treasurer

1. Committee or Organization Friends of Miami-Dade College		2. Telephone (305) 373-5500	
3. Name of Treasurer or Deputy Treasurer Ed S. Torgas		4. Email (optional)	
		5. Telephone (optional) (305) 373-5500	
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 <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank Regions Bank		10. Street Address 2800 Ponce De Leon Blvd., 9th Floor	
11. City Coral Gables		12. State FL	13. Zip Code 33134
14. Signature of Chairman 		15. Name of Chairman (Print or Type) Louis Wolfson III	

Campaign Treasurer's Acceptance of Appointment

I, Ed S. Torgas, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for Friends of Miami-Dade College
(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.

3/4/14
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

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)

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 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
Louis Wolfson	9400 S. Dadeland Blvd., Suite 100, Miami, FL 33156	Chairman & President

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
NA			

8. List Any Issues this Committee is Supporting: Education Funding

List Any Issues this Committee is Opposing: None

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?

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

Name of Bank or Depository & Account Number	Mailing Address
Regions Bank [REDACTED]	2800 Ponce De Leon Blvd., 9th Floor Coral Gables, FL 33134

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, Louis Wolfson III, certify that the information in this Statement of

Organization is complete, true and correct.

X


Signature of Chairman of Political Committee

3/19/14
Date

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**
(Section 106.022, F.S.)

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

☐ Original Appointment ☐ Change of Appointment
☒ Change of Mailing Address ☒ Change of Physical Address

Registered Agent and Office Information

Name Telephone
Ed S. Torgas 305-373-5500

Street Address
1450 Brickell Ave., Suite 1800

City State Zip Code
Miami FL 33131

Mailing Address
Same as above

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 applicable filing officer.


Signature of Registered Agent

3/2/14
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
Friends of Miami-Dade College

Street Address Telephone
1450 Brickell Ave., Suite 1800 305-373-5500

City State Zip Code
Miami FL 33131


Signature of Chairperson

Louis Wolfson III

Printed Name of Chairperson

3/19/14
Date



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

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Candidate/Chairperson:

Louis

Wolfson III

First Name

Middle Name

Last Name

Friends of Miami-Dade College

Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

- ☒ Candidate Qualifying Handbook (<http://www.miamidade.gov/elections/candidate.asp>)
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.
- ☒ Political Committee Handbook (<http://www.miamidade.gov/elections/pacs.asp>)
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by: 

Candidate / Chairperson Signature

Date: 3/19/14

Primary Telephone Number: 305-373-5500

Alternate Telephone Number: 305-373-5500

E-mail address: etorgas@mbafcpa.com