STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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2009 AUG -6 PM 3:51

LECTIONS DEPARTMENT

1. Full Name of Committee

Telephone

Friends of Miami-Dade College

305-373-5500

Mailing Address (include city, state and zip code)

1001 Brickell Bay Drive, 9th Floor 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
Friends of Your Community College	1001 Brickell Bay Drive, 9th Floor Miami, FL 33131	Same Entity, We have Changed the name to Friends of Miami-Dade College

3. Area, Scope and Jurisdiction of the Committee

Countywide Issue

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)

Mailing Address	Committee Title or Position
1001 Brickell Bay Drive, 9th Floor Miami, FL 33131	Treasurer
1001 Brickell Bay Drive, 9th Floor Miami, FL 33131	Deputy Treasurer
	1001 Brickell Bay Drive, 9th Floor Miami, FL 33131 1001 Brickell Bay Drive, 9th Floor

	and Position, Other Principal C Any (include chairman's name)	fficers, Including (Officers an	d Members of the	
Full Name	Mailing Addre	Mailing Address		Committee Title or Position	
Louis Wolfson	9400 S. Dadeland Blvd., Miami, FL 33156	201 BU 400 0 1 1000 42 20 42 12 10 63		an & President	
	, Office Sought and Party Affiliang (if none, please indicate)	ition Each Candida	te or Othe	r Individual that this	
Full Name	Mailing Address	Office Sought Part		Party	
NA				RECH 2009 AUG - (ECTIONS	
8. List Any Issues this Co	ommittee is Supporting: Educa	tion Funding		PA E	
List Any Issues this Co		- 		525	
9. If this Committee is Su NA	pporting the Entire Ticket of a	Party, Give Name o	of Party		
Upon dissolution, any residual funds w	ution, What Disposition will be	r purpose or to a 501 (cX3) o	rganization with		
	Deposit Boxes, or Other Depos	sitories Used for C			
	pository & Account Number	Mailing Address			
Regions Bank -		2800 Ponce De Leon Blvd., 9th Floor Coral Gables, FL 33134			
12. List all Reports Requ and Positions of Suc	ired to be Filed by this Commit h Officials, If Any	tee with Federal O	fficials and	I the Names, Addresses	
Report Title	Dates Required to be Filed	d Name & Position of Official Mailing Addre		Mailing Address	
STATE OF Florida		Miami-D	ade	COUNTY	
I, Louis Wolfson III		, certify that the	information	n in this Statement of	
Organization is complete,	true and correct.		7	1.100	
/ L / //	Chairman of Political Committee			Date	
organization of organization of the state of					

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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RECEIVED

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CHECK APPROPRIATE BOX:				
Original Appointment of Treasurer Reappointment	ntment of Treasurer		Deputy Treasurer	
Committee or Organization	2. Account Number	3. Telephone		
Friends of Miami-Dade College		(305) 373-5	500	
Name of Treasurer or Deputy Treasurer	ıl)	6. Telephone (optional)		
Antonio L. Argiz		(305) 373-5500		
7. Mailing Address 1001 Brickell Bay Dr., 9th Floor, Miam	i, FL 33131			
8. Street Address				
Same as above				
9. The following bank has been designated as the	imary Depository	Secondar	y Depository	
10. Name of Bank	11. Street Address		4 .	
Regions Bank	2800 Ponc	e De Leon	Blvd., 9th Floor	
12. City	13. State	1	14. Zip Code	
Miami	FL		33131	
15. Signature of Chairman	16. Name of Chai	rman (Print or Typ Ifson III	e)	
Campaign Treasurer's Acceptance of Appointment				
Antonio L. Argiz		, do hereb	y accept the appointment as	
(Please Print or Type) treasurer or deputy treasurer for Friends of Mia	mi-Dade Colle	ene		
treasurer or deputy treasurer for Friends Of IVIIa	(Committee or Organiz		•	
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.				
7/1/09 X	Signature of Camp	paign Treasurer of	Deputy Treasurer	
		00		
DS-DE 6 (Rev. 01/08)			18	

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN

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DEPOSITORY FOR POLITICAL COMMITTEES AND ELECTIONEERING COMMUNICATION ORGANIZATIONS (Sections 106.011(1) and 106.021(1), F.S.)			AUG -6 PM :		
CHECK APPROPRIATE BOX:					
Original Appointment of Treasurer Reapp	ointment of Trea	asurer	\times	Deputy Treasurer	
Committee or Organization	2. Account Nur	mber	3. Telephone		
Friends of Miami-Dade College			(305) 373-5	500	
Name of Treasurer or Deputy Treasurer			6. Telephone (optional)		
Ed S. Torgas			(305) 373-5500		
7. Mailing Address 1001 Brickell Bay Dr., 9th Floor, Miam	ni, FL 331	31			
8. Street Address					
Same as above					
9. The following bank has been designated as the X Primary Depository Secondary Depository					
10. Name of Bank	11. Street A	ddress			
Regions Bank	2800 Ponce De Leon Blvd., 9th Floor		Blvd., 9th Floor		
12. City	13. State 14. Zip Code		14. Zip Code		
Miami	F	-L		33131	
15. Signature of Chairman			man (Print or Type fson III	e)	
Campaign Treasurer's A	Acceptance	of A		y accept the appointment as	
(Please Print or Type)	mi Dada (Calla	a o		
treasurer o deputy treasurer for Friends of Mia	(Committee or			·	
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.					
7/1/09 X	13		m		
Date	Signature of	Campa	ign Treasurer or [Deputy Treasurer	
DS-DE 6 (Rev. 01/08)					

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

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(3660011 100.022, 1 .8.)		2009 AUG - 6 PM 3: 51		
		LLECTIONS DEPARTMENT		
✓ Original Appointment ☐ Change of Appoint	tment	PERSONAL PROPERTY		
Change of Mailing Address Change of Physica	al Address			
Registered Agent and Office Information				
Name Ed S. Torgas		Telephone 305-373-5500		
Street Address 1001 Brickell Bay Drive, 9				
^{City} Miami	State FL	Zip Code 33131		
Mailing Address Same as above				
City	State	Zip Code		
	d that I ma	h and accept the obligations of the position as set ay resign this appointment by executing a written ctions.		
Signature of Registered Agent		Date		
Former Registered Agent a	nd Office	e Information (for changes only)		
Name		Telephone		
Street Address				
City	State	Zip Code		
Committee or	Organiza	ation Information		
Name of Committee or Organization Friends of Miami-Dade College				
Street Address 1001 Brickell Bay Drive, 9th F		Floor Telephone 305-373-5500		
^{City} Miami	State FL	Zip Code 33131		
Committee or organization is registered with:		·		
✓ Division of Elections ☐ County ☐ City				
Bruff				
Signature of Chairperson				
Louis Wolfson III		7/1/09		
Print Name of Chairperson		Date		

Campaign Treasurer's Report Electronic Filing Requirements for Miami-Dade County



Candidate (office sought):
☐ Political Committee:
☐ Party Executive Committee:
Other: Friends of Miami Dade College Chairman
1,
understand that Campaign Treasurer's Reports must be filed electronically in order to comply comply with the Miami-Dade County requirements.
Additionally, a hard copy of the Campaign Treasurer's Reports must be printed from the Miami-Dade County Elections Department website and submitted by the reporting deadline with original signatures.
Jos Dufolo 2/5/10
Signature of Candidate or Chairperson Date
Day Time Telephone No: (305) 854 - 7/00
Email Address: Jours w 6 pinnacle housing, com

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.

DIOFEBIO AM 7: |