


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

RECORDED  
2010 SEP 28 AM 10:00  
MIAMI DANE  
ELECTIONS

OFFICE USE ONLY

CHECK APPROPRIATE BOX:

Original Appointment of Treasurer       Reappointment of Treasurer       Deputy Treasurer

1. Committee or Organization <b>Citizens United PAC</b>		2. Telephone <b>(954) 560-5789</b>	
3. Name of Treasurer or Deputy Treasurer <b>Laurence Michelson</b>		4. Email (optional) <b>Citizens United PAC@gmail.com</b>	
5. Telephone (optional) <b>(954) 560-5789</b>			
6. Mailing Address <b>2221 NE 164th st suite 1300</b>			
7. Street Address <b>N. miam Beach, FL 33160</b>			
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank <b>Chase Bank</b>		10. Street Address <b>940 Ives Dairy Rd</b>	
11. City <b>Miami</b>		12. State <b>FL</b>	13. Zip Code <b>33179</b>
14. Signature of Chairman <b>X</b> 		15. Name of Chairman (Print or Type) <b>Laurence Michelson</b>	

**Campaign Treasurer's Acceptance of Appointment**

I, Laurence Michelson, do hereby accept the appointment as  
(Please Print or Type)  
treasurer or deputy treasurer for Citizens United PAC@gmail.com  
(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.

**X** 

Date

Signature of Campaign Treasurer or Deputy Treasurer

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

**1. Full Name of Committee**

Telephone

Citizens United PAC

954-560-5789

Mailing Address (include city, state and zip code)

2221 NE 164th Street, Suite 1300  
North Miami Beach, FL 33160

Street Address (include city, state and zip code)  
Same

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship
None	N/A	N/A

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**3. Area, Scope and Jurisdiction of the Committee**  
Miami-Dade County

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

**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
Laurence Michelson	2221 NE 164th Street, Suite 1300 North Miami Beach, FL 33160	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
Laurence Michelson	2221 NE 164th Street, Suite 1300 North Miami Beach, FL 22160	Chairman / Treasurer

**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
None	N/A	N/A	N/A

**8. List Any Issues this Committee is Supporting:** Growth Management and sound leadership

**List Any Issues this Committee is Opposing:** Issues the negatively impact our quality of life

**9. If this Committee 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 Residual Funds?**

Returned to donors or donated to charity

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

Name of Bank or Depository & Account Number	Mailing Address
Chase Bank 940 Ives Darry Rd Miami, FL 33317	SAME

**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
None	N/A	N/A	N/A

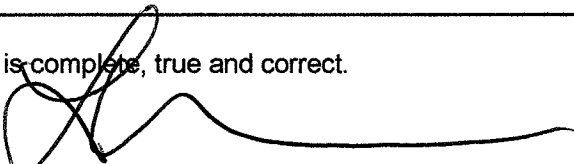
STATE OF Florida

Miami-Dade County COUNTY

I, Laurnece Michelson

, certify that the information in this Statement of Organization is complete, true and correct.

X



Signature of Chairman of Political Committee

9/28/10

Date

**Receipt of Handbook and the  
Election Laws of the State of Florida**



**Candidate/Chairperson:**

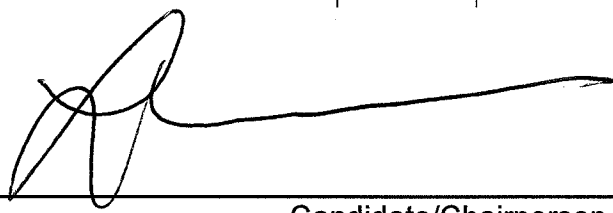
Laurence	Jay	Michelson
First Name	Middle Name	Last Name

Citizens United PAC  
Office Sought / Organization

**This is to acknowledge my receipt of the following documents:**

Handbooks Available	Edition	Downloaded from Internet	CD-Rom	Other
The Election Laws of the State of Florida	8/2010	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Qualifying Handbook		<input type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook	6/2010	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	

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 ELECTIONS

Received by:  \_\_\_\_\_  
 Candidate/Chairperson Signature

Date: September 28, 2010

Phone No.: 954-560-5789

Fax No.: \_\_\_\_\_

E-mail address: citizensunitedpac@gmail.com

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



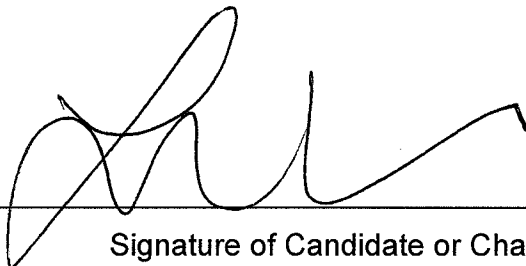
- Candidate (office sought): \_\_\_\_\_
- Political Committee: \_\_\_\_\_ Citizens United PAC
- Party Executive Committee: \_\_\_\_\_
- Other: \_\_\_\_\_

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I, Laurence Michelson  
*(Please print name of Candidate or Chairperson)*

understand that Campaign Treasurer's Reports must be filed electronically in order to 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.

  
\_\_\_\_\_  
Signature of Candidate or Chairperson

9/28/10  
\_\_\_\_\_  
Date

Day Time Telephone No: 954-560-5789

Email Address: citizensunitedpac@gmail.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.*

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

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2010 OCT 29 PM 1:02

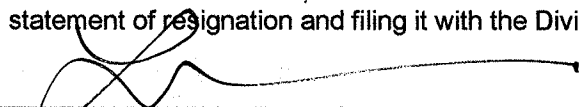
FLORIDA  
ELECTIONS DEPARTMENT

- Original Appointment       Change of Appointment  
 Change of Mailing Address       Change of Physical Address

**Registered Agent and Office Information**

Name <u>Laurence J Michelson</u>		Telephone <u>954-560-5789</u>
Street Address <u>2221 NE 164th St suite #1300</u>		
City <u>N. Miami Beach,</u>	State <u>FL</u>	Zip Code <u>33160</u>
Mailing Address <u>Same</u>		
City <u>Same</u>	State <u>Same</u>	Zip Code <u>Same</u>

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.

  
\_\_\_\_\_  
Signature of Registered Agent

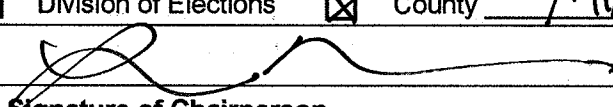
10/16/10  
\_\_\_\_\_  
Date

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

Name <del>_____</del>		Telephone _____
Street Address <del>_____</del>		
City <del>_____</del>	State <del>_____</del>	Zip Code <del>_____</del>

**Committee or Organization Information**

Name of Committee or Organization <u>Citizens United PAC</u>		
Street Address <u>2221 NE 164th St, #1300</u>		Telephone <u>954-560-5789</u>
City <u>N. Miami Beach</u>	State <u>FL</u>	Zip Code <u>33160</u>
Committee or organization is registered with:		
<input type="checkbox"/> Division of Elections	<input checked="" type="checkbox"/> County <u>Miami-Dade</u>	City _____

  
\_\_\_\_\_  
Signature of Chairperson  
Laurence Michelson  
Print Name of Chairperson

10/16/10  
\_\_\_\_\_  
Date