STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

2010 OCT -8 AM 10: 31

MIANI DANE ELEGTICAS

1.	Full	Name	οf	Com	mittee
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Telephone

People Who Want Honest Government, Inc.

305-576-1889

Mailing Address (include city, state and zip code)

2060 Biscayne Blvd., 2nd Floor

Street Address (include city, state and zip code)

Miami, FL 33137

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship
714 THE RESIDENCE OF THE PARTY		
N/A		
		•

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.)

Recall committee formed pursuant to Section 100.361, Florida Statutes

5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)

Full Name	Mailing Address	dress Committee Title or Position	
Sheila Johnson	2060 Biscayne Blvd., 2nd Floor Miami, FL 33137	Treasurer	

	and Position, Other Principal Any (include chairman's name		Officers an	d Members of the			
Full Name	Mailing Add	lress	Committee Title or Position				
Norman Braman Stanley J. Krieger Martin Margulies David Dermer Charles Flowers Graciela Solares	2060 Biscayne Blvd., 2 Miami, FL 33137	nd Floor	President Secretary Director Director Director Director				
	Office Sought and Party Affiling (if none, please indicate)	iation Each Candida	te or Othe	r Individual that this			
Full Name	Mailing Address	Office	Sought	Party			
N/A				2010 O			
8. List Any Issues this Co	mmittee is Supporting: Mayo	ral recall.					
List Any Issues this Committee is Opposing:							
9. If this Committee is Su	9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party						
N/A							
10. In the Event of Dissolu	ition, What Disposition will be	Made of Residual F	unds?				
Compliance with statutory	requirements, including return	of contributions or do	onations as	s legally authorized.			
11. List all Banks, Safety I	Deposit Boxes, or Other Depos	sitories Used for Co	mmittee F	unds			
Name of Bank or Depository & Account Number Mailing Address							
City National Bank Account Number TBA	25 West Flagler Street Miami, FL 33130						
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	TRACTICAL INC.	Miami-Dao	le	COUNTY			
I, Norman Braman		, certify that the int	formation i	n this Statement of			
Organization is complete, tru	e and correct.			, /			
x / Oun /	10/7/10						
Signature of Chairman of Political Committee / Date							

OFFICE USE ONLY REGISTERED AGENT STATEMENT OF APPOINTMENT 2010 OCT -8 AM 10:31 (Section 106.022, F.S.) MANA DATE **Original Appointment** ✓ Change of Appointment Change of Mailing Address Change of Physical Address **Registered Agent and Office Information** Telephone 305.576.1889 Name Stanley J. Krieger Street Address 2060 Biscayne Blvd., 2d Floor State FL Zip Code 33137 ^{City} Miami Mailing Address 2060 Biscayne Blvd., 2d Floor City 33137 State FL Zip Code 33137 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. 10-07-10 Signature of Registered Agent **Date** Former Registered Agent and Office Information (for changes only) Telephone 850-567-4878 Name Mark Herron, Esq. Street Address 2618 Centennial Place Zip Code 32308 State FL ^{City} Tallahassee **Committee or Organization Information** Name of Committee or Organization People Who Want Honest Government, Inc. Street Address 2060 Biscayne Blvd., 2nd Floor Telephone 305-576-1889 State FL Zip Code 33137 ^{City} Miami Committee or organization is registered with: County Miami-Dade County Division of Elections City Signature of Chairperson

10-06-10

Date

Print Name of Chairperson

Norman Braman

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



☐ Candidate (office sought):		
➤ Political Committee:		
		25
Other:	Anny Co.	
I,(Please pri	NORMAN BRAMAN	
Additionally, a hard copy of the C Miami-Dade County Elections De deadline with original signatures.		
Moem Deanon		October 7, 2010
Signature of Candidate of	or Chairperson	Date
Day Time Telephone No:	305.576.188	89
Email Address:	sheilai@bramanmanad	gement.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.

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



People Who Want Honest Government, Inc. 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 2009 Maini-Dade County Qualifying Handbook 2010 Maini-Dade County Qualifying Handbook 2010 Maini-Dade Committee Handbook 2008 Maini-Dade Committee Handbook 2008 Maini-Dade Committee Handbook 2008 Maini-Dade County Qualifying Handbook 2010 Maini-Dade County Qualifying Handbook 2008 Maini-Dade County Andrew Maini-Dade County	MAN First Name Middle Name		1 004	Nama	
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 2009 Maimi-Dade County Qualifying Handbook 2010 Maimi-Dade County Qualifying Handbook 2010 Maimi-Dade Committee Handbook 2008 Maimi-Dade Committee Maimi-Dade Committee Handbook 2008 Maimi-Dade Committee Handbook 2008 Maimi-Dade Committee Handbook 2008 Maimi-Dade Committee Maimi-Dade	First Name Middle Name		Last Name		
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Date: October 7, 2010		erson Signa	iture		
Date: October 7, 2010	nor 7, 2010				
	Jer 7, 2010				
305.576.1889 - 305.576.9898	305.576.1889	305.576.989	8		
Phone No.: 305.576.1889 Fax No.: 305.576.9898	Fax No.:	305.576.989	8		

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR POLITICAL COMMITTEES

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

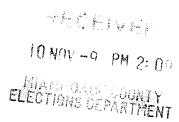
DS-DE 6 (Rev. 7/10)

CHECK APPROPRIATE BOX:			OFFICE USE	ONLY
Original Appointment of Treasurer Reappoin	ntment of Treasurer		Deputy Treasurer	
Committee or Organization		2. Telephone		
People Who Want Honest Government, Inc.		(305) 576-	1889	
Name of Treasurer or Deputy Treasurer 4. Email (optional))	5. Telephone (optional)		
Sheila Johnson		(305) 576-	1889	
6. Mailing Address 2060 Biscayne Blvd., 2nd Flo	or			
7. Street Address			ine o	
Miami, FL 33137				er.
8. The following bank has been designated as the Prin	mary Depository	Seconda	ry Depository	
9. Name of Bank	10. Street Address		And Andrews	(14)
City National Bank	25 West	Flagler	Street	Prop
11. City	12. State		13. Zip Code	الوريوية
Miami	FL		33130	
14. Signature of Chairman X Outn Outn	15. Name of Chairn		e)	
Campaign Treasurer's Ac	ceptance of Ar	pointment		
Sheila Johnson	***************************************	, do hereb	y accept the appointm	ent as
treasurer or deputy treasurer for People Who	Nant Hones Committee or Organiza		ment, Inc.	•
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAS ACCEPTANCE OF APPOINTMENT AND	AVE READ THE FOR	REGOING CAMP	AIGN TREASURER'S UE.	;
10/6/10 XX	Huly to	three		
/ / Date	Signature of Campai	gn Treasurer or E	Deputy Treasurer	

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR

POLITICAL COMMITTEES

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



OFFICE USE ONLY **CHECK APPROPRIATE BOX:** Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer 1. Committee or Organization 2. Telephone People Who Want Honest Government, Inc. (305) 576-1889 3. Name of Treasurer or Deputy Treasurer 4. Email (optional) 5. Telephone (optional) Norman Braman (305) 576-1889 6. Mailing Address 2060 Biscayne Blvd., 2nd Floor 7. Street Address Miami, FL 33137 8. The following bank has been designated as the **Primary Depository Secondary Depository** 9. Name of Bank 10. Street Address City National Bank 25 West Flagler Street 13. Zip Code 11. City 12. State 33130 Miami₂ 14. Signature of Chairman 15. Name of Chairman (Print or Type) Norman Braman Campaign Treasurer's Acceptance of Appointment Norman Braman , do hereby accept the appointment as (Please Print or Type) People Who Want Honest Government, Inc. treasurer or deputy treasurer for (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. October 14, 2010 Date Signature of Campaign Treasurer or Deputy Treasurer