

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

**1. Full Name of Committee**

Committee for Responsibility in Government

Telephone

(786) 445-2434

Mailing Address (include city, state and zip code)

122 Camilo Avenue  
Coral Gables, FL 33134

Street Address (include city, state and zip code)

122 Camilo Avenue  
Coral Gables, FL 33134

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

Name of Affiliated or  
Connected Organization

Mailing Address

Relationship

None

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 ELECTIONS

**3. Area, Scope and Jurisdiction of the Committee**

To influence the outcome of certain elections at the local and county levels of government.

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

None

**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

Jessie Jones

5117 NW 93rd Doral Way  
Doral, FL 33178

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
Frank R. May	122 Camilo Avenue	Chairman

**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			

**8. List Any Issues this Committee is Supporting:** Responsibility in government

**List Any Issues this Committee is Opposing:** Absence of responsibility in government

**9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party**

Not applicable

**10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?**

Disbursement to a 501(c)(3) non-profit organization

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

Name of Bank or Depository & Account Number	Mailing Address
TD Bank: #4255891834	3885 NW 107th Avenue Doral, FL 33178

**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
IRS Form 8453-X	Start-up	IRS	Ogden, UT 84201
IRS Form 8871	Start-up	IRS	Electronic filing
IRS Form 8872	Various	IRS	Electronic filing

STATE OF Florida

Miami-Dade  COUNTY

I, Frank R. May, certify that the information in this Statement of

Organization is complete, true and correct.

**X**   
Signature of Chairman of Political Committee

10/15/2010  
Date

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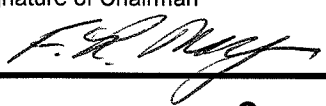
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**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR  
POLITICAL COMMITTEES**  
(Sections 106.011(1) and 106.021(1), F.S.)

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 MAINTENANCE  
 ELECTIONS  
 OFFICE USE ONLY

CHECK APPROPRIATE BOX:

Original Appointment of Treasurer     
  Reappointment of Treasurer     
  Deputy Treasurer

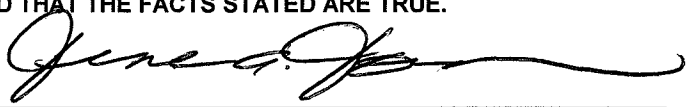
1. Committee or Organization <b>Committee for Responsibility in Government</b>		2. Telephone (786 ) 445-2434	
3. Name of Treasurer or Deputy Treasurer <b>Jessie Jones</b>		4. Email (optional)	
5. Telephone (optional) (786 ) 445-2434		6. Mailing Address <b>5117 NW 93 Doral Way, Doral, FL 33178</b>	
7. Street Address <b>5117 NW 93 Doral Way, Doral, FL 33178</b>			
8. The following bank has been designated as the <input checked="" type="checkbox"/> <b>Primary Depository</b> <input type="checkbox"/> <b>Secondary Depository</b>			
9. Name of Bank <b>TD Bank</b>		10. Street Address <b>3885 NW 107 Avenue, Doral, FL 33178</b>	
11. City <b>Doral</b>		12. State <b>FL</b>	13. Zip Code <b>33178</b>
14. Signature of Chairman <b>X</b> 		15. Name of Chairman (Print or Type) <b>Frank R. May</b>	

**Campaign Treasurer's Acceptance of Appointment**

I, Jessie Jones, do hereby accept the appointment as  
(Please Print or Type)  
 treasurer or deputy treasurer for Committee for Responsibility in Government  
(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 6, 2010**

**X** 

Date

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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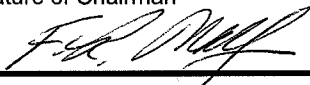
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STATE OF FLORIDA  
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

Original Appointment of Treasurer       Reappointment of Treasurer       Deputy Treasurer

1. Committee or Organization <b>Committee for Responsibility in Government</b>		2. Telephone (305 ) 298-2717	
3. Name of Treasurer or Deputy Treasurer <b>Frank R. May</b>		4. Email (optional)	
		5. Telephone (optional) (305 ) 298-2717	
6. Mailing Address <b>122 Camilo Avenue, Coral Gables, FL 33134</b>			
7. Street Address <b>122 Camilo Avenue, Coral Gables, FL 33134</b>			
8. The following bank has been designated as the <input checked="" type="checkbox"/> <b>Primary Depository</b> <input type="checkbox"/> <b>Secondary Depository</b>			
9. Name of Bank <b>TD Bank</b>		10. Street Address <b>3885 NW 107th Avenue</b>	
11. City <b>Doral</b>		12. State <b>FL</b>	13. Zip Code <b>33172</b>
14. Signature of Chairman <b>X</b> 		15. Name of Chairman (Print or Type) <b>Frank R. May</b>	

**Campaign Treasurer's Acceptance of Appointment**

I, Frank R. May, do hereby accept the appointment as  
(Please Print or Type)  
treasurer or deputy treasurer for Committee for Responsibility in Government  
(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.

1/10/2011

Date

**X**

  
Signature of Campaign Treasurer or Deputy Treasurer

**PRINT**

**RESET**

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

OFFICE USE ONLY

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

**Registered Agent and Office Information**

Name **Frank R. May** Telephone **(786) 445-2434**

Street Address **122 Camilo Avenue**

City **Coral Gables** State **FL** Zip Code **33134**

Mailing Address **122 Camilo Avenue**

City **Coral Gables** State **FL** Zip Code **33134**

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

October 15, 2010  
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  
**Committee for Responsibility in Government**

Street Address **122 Camilo Avenue** Telephone **(786) 445-2434**

City **Coral Gables** State **FL** Zip Code **33134**

Committee or organization is registered with:

Division of Elections     County **Miami-Dade**     City \_\_\_\_\_

  
Signature of Chairperson

**Frank R. May**

Print Name of Chairperson

October 15, 2010  
Date

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



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

I, Frank R. May  
*(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.

10/15/2010

Signature of Candidate or Chairperson

Date

Day Time Telephone No: \_\_\_\_\_ (786) 445-2434

Email Address: \_\_\_\_\_ strategicpolitics@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.*

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