

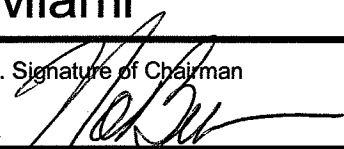
**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR
POLITICAL COMMITTEES**
(Sections 106.011(1) and 106.021(1), F.S.)

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ELECTIONS

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization YES To Recall, Inc.		2. Telephone (305) 576-1889	
3. Name of Treasurer or Deputy Treasurer Sheila Johnson		4. Email (optional) sheilaj@bramanmanagement.com	
5. Telephone (optional) (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 <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank City National Bank		10. Street Address 25 West Flagler Street	
11. City Miami		12. State FL	13. Zip Code 33130
14. Signature of Chairman 		15. Name of Chairman (Print or Type) Norman Braman	

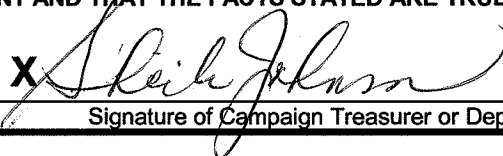
Campaign Treasurer's Acceptance of Appointment

I, Sheila Johnson, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for YES To Recall, Inc.
(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.

February 2, 2011

Date



Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

1. Full Name of Committee

YES To Recall, Inc.

Telephone

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
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	Committee Title or Position
Sheila Johnson	2060 Biscayne Blvd., 2nd Floor Miami, FL 33137	Treasurer

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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
Norman Braman Stanley J. Krieger Martin Margulies David Dermer Charles Flowers Graciela Solares	2060 Biscayne Blvd., 2nd Floor Miami, FL 33137	President/Chair Secretary Director Director Director Director

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
N/A			

8. List Any Issues this Committee is Supporting: County official recall.

List Any Issues this Committee is Opposing:

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?

Compliance with statutory requirements, including return of contributions or donations as legally authorized.

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

Name of Bank or Depository & Account Number	Mailing Address
City National Bank Account Number TBA	25 West Flagler Street Miami, FL 33130

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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

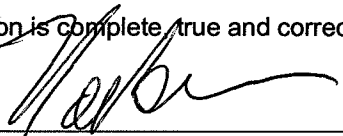
Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address

STATE OF FLORIDA Miami-Dade COUNTY

I, Norman Braman, certify that the information in this Statement of

Organization is complete, true and correct.

X



Signature of Chairman of Political Committee

2/2/11

Date

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



Candidate/Chairperson:

NORMAN BRAMAN

First Name
Middle Name
Last Name

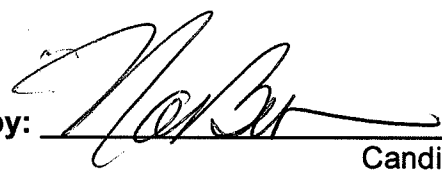
YES To Recall, Inc.

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Qualifying Handbook	2010	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook	2010	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook	2008	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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 ELECTIONS
 2011 FEB -9 AM 11:01

Received by: 
 Candidate/Chairperson Signature

Date: February 2, 2011

Phone No.: 305.576.1889

Fax No.: 305.576.9898

E-mail address: sheilaj@bramanmanagement.com

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



- Candidate (office sought): _____
- Political Committee: _____ YES To Recall, Inc.
- Party Executive Committee: _____
- Other: _____

I, NORMAN BRAMAN
(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

February 2, 2011

Date

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ELECTIONS
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Day Time Telephone No: 305.576.1889

Email Address: sheilaj@bramanmanagement.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.)

OFFICE USE ONLY

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

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MIAMI-DADE
ELECTIONS

Registered Agent and Office Information

Name Stanley J. Krieger Telephone 305.576.4889

Street Address 2060 Biscayne Blvd., 2d Floor

City Miami State FL Zip Code 33137

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.


Signature of Registered Agent

02-02-2011
Date

Former Registered Agent and Office Information (for changes only)

Name Mark Herron Telephone 850-567-4878

Street Address 2618 Centennial Place

City Tallahassee State FL Zip Code 32308

Committee or Organization Information

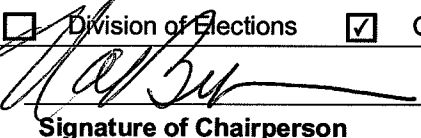
Name of Committee or Organization
YES To Recall, Inc.

Street Address 2060 Biscayne Blvd., 2nd Floor Telephone 305-576-1889

City Miami State FL Zip Code 33137

Committee or organization is registered with:

- Division of Elections County Miami-Dade County City _____


Signature of Chairperson

Norman Braman

02-02-2011

Print Name of Chairperson

Date

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

OFFICE USE ONLY

MIAMI-DADE
ELECTIONS

2011 FEB -8 AM 11:01

RECEIVED

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

Registered Agent and Office Information

Name **Mark Herron**

Telephone **850-567-4878**

Street Address **2618 Centennial Place**

City **Tallahassee**

State **FL**

Zip Code **32308**

Mailing Address **2618 Centennial Place**

City **Tallahassee**

State **FL**

Zip Code **32308**

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.

02-02-2011

Signature of Registered Agent

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

YES To Recall, Inc.

Street Address **2060 Biscayne Blvd., 2nd Floor**

Telephone **305-576-1889**

City **Miami**

State **FL**

Zip Code **33137**

Committee or organization is registered with:

- Division of Elections County Miami-Dade County City _____


Signature of Chairperson

Norman Braman

Print Name of Chairperson

02-02-2011

Date

**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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2011 FEB - 8 AM 10:00
MIAMI-DADE
ELECTIONS
OFFICE USE ONLY

CHECK APPROPRIATE BOX:

Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization YES To Recall, Inc.	2. Telephone (305) 576-1889
---	---------------------------------

3. Name of Treasurer or Deputy Treasurer Norman Braman	4. Email (optional) sheilaj@bramanmanagement.com	5. Telephone (optional) (305) 576-1889
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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 City National Bank	10. Street Address 25 West Flagler Street
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11. City Miami	12. State FL	13. Zip Code 33130
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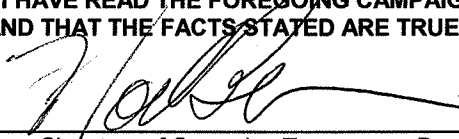
14. Signature of Chairman X 	15. Name of Chairman (Print or Type) Norman Braman
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Campaign Treasurer's Acceptance of Appointment

I, Norman Braman, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for YES To Recall, Inc.
(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.**

February 2, 2011
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer