

**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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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

Original Appointment of Treasurer       Reappointment of Treasurer       Deputy Treasurer

1. Committee or Organization <b>One Miami</b>		2. Telephone (212 ) 388-2175	
3. Name of Treasurer or Deputy Treasurer <b>Alison Hirsh</b>		4. Email (optional) <b>ahirsh@seiu32bj.org</b>	
5. Telephone (optional) (212 ) 388-2175			
6. Mailing Address <b>101 Avenue of the Americas, NY, NY 10013</b>			
7. Street Address			
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>TD Bank</b>		10. Street Address <b>25 Hudson Street</b>	
11. City <b>New York</b>		12. State <b>NY</b>	13. Zip Code <b>10013</b>
14. Signature of Chairman <b>X</b> 		15. Name of Chairman (Print or Type) <b>Hector J. Figueroa</b>	

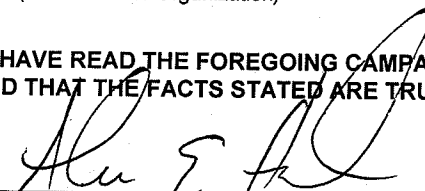
**Campaign Treasurer's Acceptance of Appointment**

I, **Alison Hirsh**, do hereby accept the appointment as  
(Please Print or Type)  
treasurer or deputy treasurer for **One Miami**  
(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.**

**3-4-11**

Date

**X** 

Signature of Campaign Treasurer or Deputy Treasurer

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

## 1. Full Name of Committee

One Miami

Telephone

212-388-2175

Mailing Address (include city, state and zip code)

101 Avenue of the Americas

Street Address (include city, state and zip code)

New York, NY 10013

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship
SEIU Local 32BJ NY/NJ American Dream Fund	101 Avenue of the Americas New York, NY 10013	Sponsoring/Source of Funds

## 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.)

Labor Union

## 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
Alison Hirsh	101 Avenue of the Americas, NY, NY 10013	Treasurer
Hector Figueroa	101 Avenue of the Americas, NY, NY 10013	Chairman
Eric Brakken	333 41st Street, 9th fl Miami Beach, FL 33140	Custodian of Books

**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
NA		

**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
NA			

**8. List Any Issues this Committee is Supporting:** NA

**List Any Issues this Committee is Opposing:** Recall Elections

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

NA

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

Revert to SEIU Local 32BJ NY/NJ American Dream Fund

**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 7917065745	25 Hudson Street, NY, NY 10013

**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**

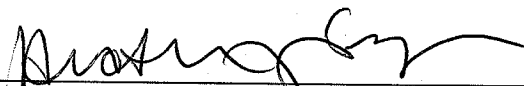
Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
NA			

STATE OF New York COUNTY \_\_\_\_\_

I, Hector Figueroa, certify that the information in this Statement of

Organization is complete, true and correct.

**X**

  
Signature of Chairman of Political Committee

3-2-11

Date

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

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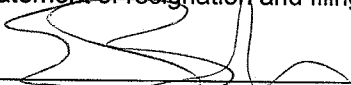
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

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

**Registered Agent and Office Information**

Name <b>Eric Brakken</b>		Telephone
Street Address <b>333 41st Street, 9th Fl</b>		
City <b>Miami Beach</b>	State <b>FL</b>	Zip Code <b>33140</b>
Mailing Address <b>Same as above</b>		
City	State	Zip Code

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

3/3/11  
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 <b>SEIU Local 32BJ NY/NJ American Dream Fund</b>		
Street Address <b>101 Avenue of the Americas</b>		Telephone <b>212-388-2175</b>
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10013</b>

Committee or organization is registered with:

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

  
Signature of Chairperson  
**Hector Figueroa**  
Print Name of Chairperson

3-2-11  
Date