

**STATEMENT OF ORGANIZATION  
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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**1. Full Name of Committee**

Telephone

*Supporting the Citizens of North Miami Beach*

*786-222-0578*

Mailing Address (include city, state and zip code)

*P.O. Box 600951, North Miami Beach, FL 33160*

Street Address (include city, state and zip code)

*3327 NW 202 Lane Miami Gardens, FL 33056*

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship
<i>AFSCME Council 79</i>	<i>700 S. Royal Poinciana Blvd. #700 Miami Springs, FL 33166</i>	<i>Affiliate</i>

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

*Manage and raise funds for the PAC to secure jobs of public employees in N. Miami Beach*

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

*Labor Organization*

**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
<i>Ritchie, Livingston</i>	<i>3327 NW 202 Lane Miami Gardens, FL 33056</i>	<i>Treasurer</i>

**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
Fidelis Laurencin	3327 NW 202 Lane Miami Gardens, FL 33056	Registered Agent

**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:**

List Any Issues this Committee is Opposing: Privatization of services performed by public employees employed by the city of N. Miami Beach

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

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

Funds will be returned to original donors

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

Name of Bank or Depository & Account Number	Mailing Address
Wells Fargo Bank Safe Deposit Box 616	800 North Miami Beach Blvd North Miami Beach, FL 33162

**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, Fidelis Laurencin, certify that the information in this Statement of

Organization is complete, true and correct.

**X**

*Fidelis Laurencin*  
Signature of Chairman of Political Committee

1/21/15

Date

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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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CHECK APPROPRIATE BOX:

Original Appointment of Treasurer       Reappointment of Treasurer       Deputy Treasurer

1. Committee or Organization <i>Supporting the Citizens of North Miami Beach</i>		2. Telephone <i>(786) 222-0578</i>	
3. Name of Treasurer or Deputy Treasurer <i>Livingstone Ritchie</i>	4. Email (optional)	5. Telephone (optional) ( )	
6. Mailing Address <i>P.O. Box 600951 North Miami Beach, FL 33160</i>			
7. Street Address <i>3327 NW 202 Lane Miami Gardens, FL 33056</i>			
8. The following bank has been designated as the <input type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank <i>Wells Fargo</i>		10. Street Address <i>1798 NE Miami Gardens Dr.</i>	
11. City <i>North Miami Beach</i>		12. State <i>FLA</i>	13. Zip Code <i>33179</i>
14. Signature of Chairman <i>[Signature]</i>		15. Name of Chairman (Print or Type) <i>Fidelis Laurencin</i>	

**Campaign Treasurer's Acceptance of Appointment**

*Livingstone Ritchie* (Please Print or Type) do hereby accept the appointment as  
treasurer or deputy treasurer for *Supporting the Citizens of North Miami Beach* (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.

*1/21/15*  
Date

*[Signature]*  
Signature of Campaign Treasurer or Deputy Treasurer

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

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

**Registered Agent and Office Information**

Name <i>Fidelis' Laurencin</i>		Telephone <i>786 222 0578</i>
Street Address <i>3327 NW 202 Lane</i>		
City <i>Miami Gardens</i>	State <i>FL</i>	Zip Code <i>33056</i>
Mailing Address <i>PO Box 600951</i>		
City <i>NMB</i>	State <i>FL</i>	Zip Code <i>33160</i>

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 applicable filing officer.

*Fidelis Laurencin*      *12-18-14*  
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 <i>Supporting the Citizens of NMB</i>		
Street Address <i>3327 NW 202 Lane</i>		Telephone <i>786-222-0578</i>
City <i>Miami Gardens</i>	State <i>FL</i>	Zip Code <i>33056</i>

*Fidelis Laurencin*  
Signature of Chairperson

*Fidelis Laurencin*      *1/21/15*  
Printed Name of Chairperson      Date

# WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

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Supporting the Citizens of NMB

N/A

Name

Office Sought

P.O.B LOOSSI

North Miami Beach 33160

Address

City

State

Zip Code

Candidate

Political Committee

Electioneering Communications Organization

Party Executive Committee

Check here if address has changed since last report.

Check here if PC or ECO has DISBANDED and will no longer file reports.

## TYPE OF REPORT (Check Appropriate Box and Complete Applicable Line beneath Box)

MONTHLY REPORT

PRIMARY ELECTION

GENERAL ELECTION

OTHER REPORT TYPE

Indicate report #

M 1

Indicate report #

P \_\_\_\_\_

Indicate report #

G \_\_\_\_\_

Indicate report type and # as applicable:

TERMINATION REPORT

SPECIAL ELECTION

## NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

1-1-2015 THROUGH 1-31-2015

X

*L. B. Bickman*

Signature

2-10-2015

Date

X

Signature

Date

### REQUIRED SIGNATURES FOR:

#### Candidates:

Candidate and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

#### Political Committees:

Chairman and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

#### Electioneering Communications Organizations:

Treasurer (s. 106.0703(4)(c), F.S.)

#### Party Executive Committees:

Treasurer and Chairman (s. 106.29(2), F.S.)

In any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

To: NMB Qualifying Officer

From: Supporting the Citizens of NMB.

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No report will be filed by the Political Committee  
"Supporting the Citizens of NMB" this reporting  
period of Jan. 1, 2015 to Jan. 31, 2015.

  
\_\_\_\_\_

Date 2-10-15