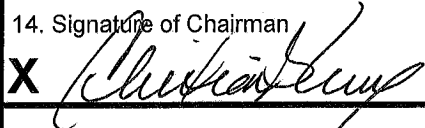


**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR
POLITICAL COMMITTEES**
(Sections 106.011(1) and 106.021(1), F.S.)

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization Taxpayers Engaged		2. Telephone (786) 762-4990	
3. Name of Treasurer or Deputy Treasurer		4. Email (optional)	
		5. Telephone (optional) (305) 336-3631	
6. Mailing Address 2929 SW 3 Ave Suite 220 Miami, FL 33129			
7. Street Address 2929 SW 3 Ave Suite 220 Miami, FL 33129			
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank Chase Bank		10. Street Address 80 SW 8th Street	
11. City Miami		12. State FL	13. Zip Code 33130
14. Signature of Chairman X 		15. Name of Chairman (Print or Type) Christian Ulvert	

RECEIVED
 FEB 18 AM 9:50
 OFFICE OF THE CITY CLERK
 CITY OF MIAMI, FL

Campaign Treasurer's Acceptance of Appointment

I, Christian Ulvert, do hereby accept the appointment as
(Please Print or Type)
 treasurer or deputy treasurer for Taxpayers Engaged
(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.

02/15/2015 **X** 

 Date Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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 CITY OF MIAMI

1. Full Name of Committee

Taxpayers Engaged

Telephone
786-762-4990 or
(305) 336-3631

Mailing Address (include city, state and zip code)

2929 SW 3 Ave Suite 220 Miami, FL 33129

Street Address (include city, state and zip code)

2929 SW 3 Ave Suite 220 Miami, FL 33129

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship
None		

3. Area, Scope and Jurisdiction of the Committee

To support or opposes candidates for Miami-Dade county elected office and municipal offices within Miami-Dade County or other activities as prescribed by Florida law.

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

Political communications to voters on a candidates position on issues

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
Christian Ulvert	2929 SW 3 Ave Suite 220 Miami, FL 33129	Chairman & 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
Christian Ulvert	2929 SW 3 Ave Suite 220 Miami, FL 33129	2929 SW 3 Ave Suite 220 Miami, FL 33129

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
TO be determined			

8. List Any Issues this Committee is Supporting: To be determined

List Any Issues this Committee is Opposing: To be determined

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?

Residual funds will be distributed as allowed by Florida law.

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

Name of Bank or Depository & Account Number	Mailing Address
Chase Bank	80 SW 8th Street Miami, FL 33131

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 CITY OF MIAMI, FL

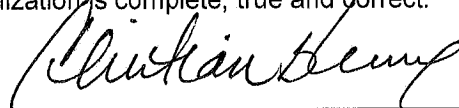
12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
Form 8871 Form 1120POL	upon creation Annually by March 15	IRS	Ogden, UT 84201-0038

STATE OF Florida _____ COUNTY Miami-Dade

I, Christian Ulvert, certify that the information in this Statement of

Organization is complete, true and correct.

X 

 Signature of Chairman of Political Committee

02/13/2015

 Date

**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 Christian Ulvert		Telephone 305-336-3631
Street Address 2929 SW 3 Ave Suite 220		
City Miami	State FL	Zip Code 33129
Mailing Address 2929 SW 3 Ave Suite 220		
City Miami	State FL	Zip Code 33129

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.



Signature of Registered Agent

02/15/2015

Date

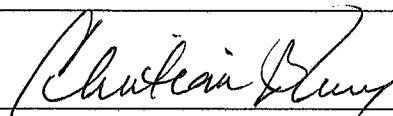
Former Registered Agent and Office Information (for changes only)

Name		Telephone
Street Address		
City	State	Zip Code

Committee or Organization Information

Name of Committee or Organization Taxpayers Engaged		
Street Address 2929 SW 3 Ave Suite 220		Telephone 786-762-4990
City Miami	State FL	Zip Code 33129

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CITY OF MIAMI, FL



Signature of Chairperson

Christian Ulvert

02/15/2015

Printed Name of Chairperson

Date