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CITY OF NORTH MIAMI  
CITY CLERKS OFFICE

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

### 1. Full Name of Committee

Concerned Citizen's of North Miami

### Telephone

786-553-8555

### Mailing Address (include city, state and zip code)

12128 NW 2nd Avenue, N. Miami, FL 33168

### Street Address (include city, state and zip code)

12128 NW 2nd Avenue, N. Miami, FL 33168

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship
None	none	

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

City of North Miami, Districts; 1-2-3-4

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

Citizen's Information Resources, a Grass root organization of citizen's.

### 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
Beverly Hilton	12495 NW 6th Ave., N. Miami 33168	Chair
Virgina Gilmore	1635 NW 120th Street, Miami 33167	1st-Vice Chair
Carol Keys	12700 Bis., Blvd., #401, Miami 33181	2nd-Vice Chair
Jeal McCurdie	390 NW 125 St., N. Miami 33168	2st- Secretary
Catherine Christofis	2430 NE 135 St., # 206 Miami 33181	Treasurer
Linda Colebrook	170 NW 125 St., N. Miami 33168	1st-Secretary

**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
Beverly Hilton Virgina Gilmore Carol Keys Samuel Henriques Carol Pragor	12495 N.W 6th Ave., N. Miami 33168 1625 N.W 120th St., N. Miami 33167 12700 Biscayne Blvd., #401 Miami 33181 1200 NW 123rd Street, N. Miami 331668 2509 N.E 135th Street, N. Miami 33181	Chair 1st Chair 2nd-Chair Board member -1 Board member -2

**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	none	none	

**8. List Any Issues this Committee is Supporting:** Any Community Grass root Organization's Issues

**List Any Issues this Committee is Opposing:** North Miami CRA-27 Million Dollars Bond

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

Democratic Party

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

Donated to a 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
City National Bank Bank Atlantic	13400 Biscayne Blvd., N. Miami 33181 12655 North 6th Avenue, N. Miami, FL 33161

**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

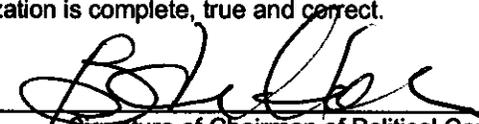
STATE OF Florida \*

Date \_\_\_\_\_ COUNTY

I, Beverly Hilton, certify that the information in this Statement of

Organization is complete, true and correct.

X

  
Signature of Chairman of Political Committee

9/16/10  
Date