

**STATEMENT OF ORGANIZATION  
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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**1. Full Name of Committee**

*Palm Beachers For Common Sense*

Telephone

*561. 588-316*

Mailing Address (include city, state and zip code)

*P.O. Box 2898  
Palm Beach, Fl. 33480*

Street Address (include city, state and zip code)

*2100 S. Ocean Blvd 401 N  
Palm Beach, Fl. 33480*

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

*N/A*

Name of Affiliated or Connected Organization

Mailing Address

Relationship

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

*Palm Beach, Fl.  
Undergrounding Initiative*

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

*Political*

**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

*William McVeigh*

*3456 S. Ocean Blvd  
# 204  
Palm Beach, Fl.  
33480*

*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
Robert Davidson	2100 S. Ocean Blvd Apt. 4014 Palm Beach, FL 33480	Chairman

7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate) *None*

Full Name	Mailing Address	Office Sought	Party

8. List Any Issues this Committee is Supporting:

List Any Issues this Committee is Opposing: *undergrounding Initiative*

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?  
*Returned to Donors*

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

Name of Bank or Depository & Account Number	Mailing Address
BB+T 0000243779464	Atlantis Branch 3100 Lantana Road Lantana, FL 33462

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 1120 Pol	3/15/17	IRS	Cincinnati, Oh. 45499-0023

STATE OF Florida COUNTY Palm Beach

I, Robert Davidson, certify that the information in this Statement of

Organization is complete, true and correct.

*Robert Davidson*  
Signature of Chairman of Political Committee

2/3/16  
Date

**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 John M. Jorgensen		Telephone (561) 624-3900
Street Address 4400 PGA Blvd., Suite 603		
City Palm Beach Gardens	State FL	Zip Code 33410
Mailing Address 4400 PGA Blvd., Suite 603		
City Palm Beach Gardens	State FL	Zip Code 33410

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.

 \_\_\_\_\_      January 12, 2016  
Signature of Registered Agent      Date

**Former Registered Agent and Office Information (for changes only) N/A**

Name		Telephone
Street Address		
City	State	Zip Code

**Committee or Organization Information**

Name of Committee or Organization Palm Beachers for Common Sense		
Street Address 2100 South Ocean Blvd., Suite 401N		Telephone (561) 588-3562
City Palm Beach	State FL	Zip Code 33480

 \_\_\_\_\_  
Signature of Chairperson

Robert Davidow      2/3/16  
Printed Name of Chairperson      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.)

CHECK APPROPRIATE BOX:

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Original Appointment of Treasurer       Reappointment of Treasurer       Deputy Treasurer

1. Committee or Organization  
**Palm Beachers For Common Sense**

2. Telephone  
**(561) 588-3562**

3. Name of Treasurer or Deputy Treasurer  
**Madeline Shapiro**

5. Telephone (optional)  
**(561) 585-5850**

6. Mailing Address

7. Street Address  
**3300 S Ocean Blvd # 204 S Palm Beach Fl 33480**

8. The following bank has been designated as the  Primary Depository       Secondary Depository

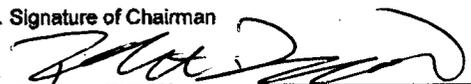
9. Name of Bank  
**BB&T**

10. Street Address  
**3100 Lantana Rd**

11. City  
**Lantana**

12. State  
**Fl**

13. Zip Code  
**33462**

14. Signature of Chairman  
**X** 

15. Name of Chairman (Print or Type)  
**Robert Davidow**

**Campaign Treasurer's Acceptance of Appointment**

I, Madeline Shapiro, do hereby accept the appointment as

treasurer or deputy treasurer for Palm Beachers For Common Sense  
(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.**

04/05/16  
Date

**X** Madeline Shapiro  
Signature of Campaign Treasurer or Deputy Treasurer