## STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

16 AUG 25 AM 10: 30

DIVISION OF ELECTIONS SECRETARY OF STATE

1. Full Name of Committee	Telephone			
WORKING AT	MERICA COALITION	202-637-5000		
Mailing Address (include city	, state and zip code)			
815 16 KB S	treet. N.W. Washii	gton, DC. 20006		
Street Address (include city,	state and zip code)			
815 16 5	treet N.W. Washung	770n, DC. 2000C.		
2. Affiliated or Connected Orgonomittees)	ganizations (includes other committees of conf	inuous existence and political		
Name of Affiliated or Connected Organization	Mailing Address	Relationship		
		· · · · · · · · · · · · · · · · · · ·		
3. Area, Scope and Jurisdiction of the Committee.  State and local elections across Florida				
4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)				
Conduct independent expenditures on behalf of working				
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		
Crystal King	815 1645 Street N.W. washington, DC. 20006	Treasurer		
	washington, De 20006			
	<u></u>			

	nd Position, Other Principal ( ny (include chairman's name)	_	ers and Members of the	
Full Name	Mailing Addr	ess	Committee Title or Position	
Michelle Ringue He	815 16th St N.W. Washington, DC. 20006		Chairman	
_	Office Sought and Party Affilia (if none, please indicate)	ation Each Candidate o	Other Individual that this	
Full Name	Mailing Address	Office Sought Party		
TBD				
8. List Any Issues this Com	mittee is Supporting: TB		i	
List Any Issues this Com	mittee is Opposing: TB1	>		
9. If this Committee is Supp	orting the Entire Ticket of a l	Party, Give Name of Par	ty	
10. In the Event of Dissolut	ion, What Disposition will be	Made of Residual Fund	s? Money will be trans	
WORKING AME	RICA COALITION	INDEPENDE	NT EXPENDITURE A	
	eposit Boxes, or Other Depos	<u> </u>		
Name of Bank or Depository & Account Number Mailing Address		iling Address		
Amalganiated	Bank of Chicago	30 North Chicago, I.	LaSalle Street L.60602	
12. List all Reports Require and Positions of Such (	<u>-</u>	ee with Federal Official	s and the Names, Addresses	
Report Title	Dates Required to be Filed	Name & Position of Off	icial Mailing Address	
Form 3x and 24	Quarterly, 24	Federal Elec	HONE 999 E STREEP, N	
	hours and 48 hours	Commission	Washington, DC.	
STATE OF	it of Columbia		COUNTY	
1. Michelle	ingue He	, certify that the inforn	nation in this Statement of	
Organization is complete, transition of Chamber of Chamber 19 Cham	and correct.  Takirman of Political Committee		8 19 1 Date	
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