

MS

DTN: 3165111 License #: CH25905



Florida Department of Agriculture & Consumer Services  
Division of Consumer Services

**RENEWAL REGISTRATION STATEMENT  
FOR CHARITABLE ORGANIZATIONS AND  
SPONSORS**

**SOLICITATION OF CONTRIBUTIONS ACT**  
Chapter 496, Florida Statutes  
Rule 5J-7.004, Florida Administrative Code

NICOLE "NIKKI" FRIED  
COMMISSIONER

For online payments, visit [www.FreshFromFlorida.com](http://www.FreshFromFlorida.com)  
Make check payable to FDACS and remit application to:

FDACS  
Solicitation of Contributions  
PO Box 6700  
Tallahassee FL 32314-8700

[www.800helpfla.com](http://www.800helpfla.com)  
1-800-HELP-FLA(435-7352)  
1-850-410-3800  
Fax: 1-850-410-3804

REC'D FDACS COMPLIANCE  
APR 22 PM 3:08

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

Citizens For Responsibility And Ethics In Washington, Inc.

Registration Number: CH25905 Expiration Date: April 21, 2019 FEID Number: 03-0445391

In order for this applicant to continue to legally solicit in the state, registration must be renewed prior to the expiration date. Please return the forms with the appropriate registration fee and a copy of the Department's statement of revenue/support and expenses, the Internal Revenue Service Form 990 with all attached schedules, or the Internal Revenue Service Form 990-EZ and schedule O, for the immediately preceding fiscal year, to the above address.

**REGISTRATION FEES:**

For contributions received the preceding fiscal year:

	Fee
a. Less than \$5,000, with or without paid officers	\$ 10
b. \$25,000 or less, no compensated employees, no part of the assets or income inures to the benefit of any officer or member, or no professional solicitors/consultants	10
c. \$5,000 or more, but less than \$100,000	75
d. \$100,000 or more, but less than \$200,000	125
e. \$200,000 or more, but less than \$500,000	200
f. \$500,000 or more, but less than \$1,000,000	300
g. \$1,000,000 or more, but less than \$10,000,000	350
h. \$10,000,000 or more	400

**Note:** A parent organization filing on behalf of one or more chapters, branches, or affiliates shall total all contributions received by them to determine registration fees.

**LATE FEES:** A charitable organization or sponsor which fails to renew their registration by the annual due date should submit a late fee of \$25 for each month or part of a month after the expiration date.

**1. Enclosed:**

Registration fee of \$ 350  
and late fee of \$ \_\_\_\_\_  
(Include \$25 per month late fee, if applicable)

Solicitation of Contributions DTN: 3165111  
Org Code: 42100826000  
Object Code: 001133

FDACS - 10100 Rev. 01/16



DTN/FAID: 3165111  
19-05081945-0001  
350.00 04/18/2019  
Dep#991593

BUREAU OF FINANCE  
AND ACCOUNTING

APR 18 2019

AND CONSUMER SERVICES

## 2. Principal Street Address:

Name: CITIZENS FOR RESPONSIBILITY AND ETHICS IN WASHINGTON, INC.Street Address: 455 MASSACHUSETTS AVE NW 6TH FL 1101 K Street NW Ste. 201City, State and Zip: WASHINGTON, DC 20001 20005 Phone: 202-408-5565E-mail mparker@cckc-law.com Web site: citizensforethics Fax: 202-588-5020

## 3. Mailing Address (if different):

Name: \_\_\_\_\_

Street Address: C/O MEGAN PARKERCOPILEVITZ & CANTER 310 W 20TH ST STE 300City, State and Zip: KANSAS CITY, MO 64108-2025

Phone: \_\_\_\_\_

## 4. Fictitious (DBA) Name: \_\_\_\_\_

## 5. Other name(s) soliciting as:

CREW

## 6. What is the purpose for which the organization is organized?

CITIZENS FOR RESPONSIBILITY AND ETHICS IN WASHINGTON, INC WAS ESTABLISHED TO WORK FOR HONEST, OPEN AND TRUTHFUL GOVERNMENT THROUGH LEGAL ACTION, RESEARCH AND EDUCATION THE PUBLIC.

What is the purpose for which the contributions will be used?

CONTRIBUTIONS WILL BE USED TO MONITOR PUBLIC OFFICIALS THROUGHT THE USE TOF THE FREEDOM OF INFORMATION ACT GUIDELINES AND OTHER LEGAL METHODS OF DETECTING AND CORRECTING ABUSE OF NATIONAL LAW AND EDUCATING ON THE PROGRESS BEING MADE.

## 7. List or description of major program activities:

CONTRIBUTIONS WILL BE USED TO MONITOR PUBLIC OFFICIALS THROUGHT THE USE TOF THE FREEDOM OF INFORMATION ACT GUIDELINES AND OTHER LEGAL METHODS OF DETECTING AND CORRECTING ABUSE OF NATIONAL LAW AND EDUCATING ON THE PROGRESS BEING MADE.8. IRS Tax exempt: 501(C)(3)

If changed, enclose copy of IRS notice.

## 9. If applicant does not maintain an office in Florida, person with custody of financial records:

Name: BOOKBINDER, NOAHStreet Address: 455 MASSACHUSETTS AVENUE NW 1101 K Street NW Ste. 201City, State, and Zip: WASHING, DC 20001 20005 Contact Phone: 202-408-5565Name: MARTINEZ, PILARStreet Address: 455 MASSACHUSETTS AVENUE NW 1101 K Street NW Ste. 201City, State, and Zip: WASHING, DC 20001 20005 Contact Phone: 202-408-5565

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

10.

Individuals or officers who have final responsibility for the custody of the contributions and who will be responsible for the final distribution of the contributions:

Name: BOOKBINDER, NOAH

Street Address: ~~455 MASSACHUSETTS AVENUE NW~~ 1101 K Street NW Ste. 201

City, State, and Zip: WASHING, DC 20001 20005 Contact Phone: 202-408-5565

Name: MARTINEZ, PILAR

Street Address: ~~455 MASSACHUSETTS AVENUE NW~~ 1101 K Street NW Ste. 201

City, State, and Zip: WASHING, DC 20001 20005 Contact Phone: 202-408-5565

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

11. Individual or officer who is in charge of solicitation activities:

Name: BOOKBINDER, NOAH

Street Address: ~~455 MASSACHUSETTS AVENUE NW~~ 1101 K Street NW Ste. 201

City, State, and Zip: WASHING, DC 20001 20005 Contact Phone: 202-408-5565

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

12. Is this charitable organization or sponsor authorized by another state to solicit contributions?

☒ YES ☐ NO

13. Has the charitable organization or sponsor or any of its officers, directors, trustees, or principal executive personnel been enjoined in any jurisdiction from soliciting contributions or been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets?

☐ YES ☒ NO

14. Has the charitable organization or sponsor had its registration or authority denied, suspended, or revoked by any governmental agency?

☐ YES ☒ NO If yes, the reasons for the denial, suspension, or revocation were:

15. Has the charitable organization or sponsor voluntarily entered into an assurance of voluntary compliance (AVC) or agreement similar to that set forth in s.496.420, Florida Statutes?

☐ YES ☒ NO If yes, enclose a copy of the agreement.

16.

Has the charitable organization or sponsor or any of its officers, directors, trustees, or employees, regardless of adjudication, been convicted of, found guilty of, pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony, or crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime arising from the conduct of a solicitation for a charitable organization or sponsor within the last 10 years?

☐ YES ☒ NO

If yes, provide the following information for each individual: (Attach a separate sheet if necessary).

Name: \_\_\_\_\_

Nature of offense: \_\_\_\_\_ Date: \_\_\_\_\_

Court having jurisdiction: \_\_\_\_\_

Disposition of offense: \_\_\_\_\_ Date: \_\_\_\_\_

17. Has the charitable organization or sponsor or any of its officers, directors, trustees, or employees been enjoined from violating any law relating to a charitable solicitation?

☐ YES ☒ NO

Name: \_\_\_\_\_

Date of Injunction: \_\_\_\_\_

Court issuing the injunction: \_\_\_\_\_

18. Does the charitable organization or sponsor employ a Professional Solicitor?

☐ YES ☒ NO If yes, complete Attachment A-1, and provide a copy of current contract.

19. Does the charitable or sponsor organization employ a Professional Fundraising Consultant?

☐ YES ☒ NO If yes, complete Attachment A-2, and provide a copy of current contract.

20. Does the charitable organization or sponsor utilize a commercial co-venturer? [s. 496.405(2)(e), F.S.]

☐ YES ☒ NO If yes, attach a copy of the current contract, and provide the following information for each.  
(attach additional sheets as necessary using the same format)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

( ) \_\_\_\_\_

Date of Contract: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

End Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

NOTE: Any change to the responses provided to Questions 19 - 24 must be reported to the department within 10 days after the change occurs. (s. 496.405(1)(b), F.S.) The Solicitation of Contributions Material Change Form, FDACS-10118, Rev. 01/15, as incorporated in Rule 5J-7.004(5), F.S., This form can be found online at [www.800helpfla.com](http://www.800helpfla.com).

21. Are you filing as a parent organization?

☐ YES ☒ NO If yes, complete Attachment C.

**22. If sponsor, answer the following:**

"Sponsor" means a group or person who is or holds herself or himself out to be soliciting contributions by the use of a name that implies that the group or person is in any way affiliated with or organized for the benefit of emergency service employees or law enforcement officers and the group or person is not a charitable organization. The term includes a chapter, branch, or affiliate that has its principal place of business outside the state if such chapter, branch, or affiliate solicits or holds itself out to be soliciting contributions in this state.

- a. Does the membership consist of members who are individuals of whom at least 10% or 100 members, whichever is less, are actively employed as law enforcement officers or emergency service employees by an agency of the United States, this state, a municipality, or a political subdivision of this state, and who personally sign written membership agreements with the organization and pay an annual membership of not less than \$10 a member?

☐ YES ☐ NO

- b. Total number of sponsor's members: \_\_\_\_\_
- c. Total number of members actively employed as law enforcement or emergency service employees: \_\_\_\_\_
- d. Percentage of total net contributions which are dispersed in the state on behalf of its members in the furtherance of its stated purposes or programs (defined as the total amount of all contributions raised minus the total cost of expenses incurred in raising contributions solicited): \_\_\_\_\_%

**CONTACT PERSON**

23. Person Responsible for completing renewal application.

Name: Megan Parker Telephone Number (816) 412-9000 Email mparker@ccckc-law.com**CERTIFICATION**I, Noah Bookbinder, am the Executive Director  
Name Titleof Citizens for Responsibility and Ethics in Washington, Inc.  
Name of Organization or Company

And further state as follows: (Please check all that apply)

- ☒ I have read the registration application and know the contents thereof; and
- ☒ The registration application is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, Solicitation of Contributions Act;

I certify that I am authorized to complete this registration application and that the information provided is true and accurate.

[Signature]

Signature

Noah Bookbinder

Printed Name

4/16/12

Date

203 408-5565

Telephone Number

Email Address

**FINANCIAL STATEMENT**

24. Indicate the type of financial statement you are filing for the immediately preceding fiscal year: [s. 496.405(2)(a), FS]

- ☐ Budget (newly formed organizations only)
- ☐ Department's financial statement form.
- ☐ 990 and all attached schedules
- ☐ 990 - EZ and Schedule O
- ☒ 180 Day Extension requested for your financial report only. (Failure to file a financial statement within the 180 days will result in automatic suspension of your registration.) [s. 496.405(1)(d)2, FS]

25. Charitable organizations or sponsors that receive at least \$500,000 in annual contributions must have their financial statement reviewed or audited by an independent certified public accountant. If annual contributions are more than \$1 million, then the financial statement must be audited by an independent certified public accountant. [s. 496.407(1)(d), F.S.]

Attached is a copy of signed CPA review or audit

☐ Yes ☒ No26. Month/Day fiscal year ends: [s. 496.405(2)(g)3, F.S.] 12/31  
Month / Day27. ☒ I have attached the conflict of interest annual certification to this registration application. [s. 496.4055, F.S.]

**FINANCIAL STATEMENT****FISCAL YEAR ENDING** 12/31/2018

(Please use department material change form if your organization's fiscal year ending changes.)

Is this a consolidated financial statement for chapters, branches, or affiliates? ☐ Yes ☒ No**NOTE:** In lieu of using this financial statement you may send the IRS Form 990 and all attached schedules or the IRS Form 990EZ and Schedule O.**\*\* IRS 990N E-Postcard and IRS 990-PF are not acceptable Financial Statements.****REVENUE**

1. **Federated campaigns:**  
(must provide a list of sources and amounts) 1. \_\_\_\_\_
2. **Government grants:**  
(must provide a list of sources and amounts) 2. \_\_\_\_\_
3. **Program service revenue:** 3. \_\_\_\_\_
4. **Membership dues:** 4. \_\_\_\_\_
5. **Income from interest, dividends, etc.** 5. \_\_\_\_\_
6. **Income from investments & tax-exempt bond proceeds:** 6. \_\_\_\_\_
7. **Sale of assets other than inventory:**
  - a. Gross sales 7a. \_\_\_\_\_
  - b. Less sales expenses 7b. \_\_\_\_\_
  - c. Net gain or (loss) from sale of assets 7c. \_\_\_\_\_
8. **In-kind contributions (non-cash contributions):** 8. \_\_\_\_\_
9. **Royalties:** 9. \_\_\_\_\_
10. **Related organizations: (Must provide a list of sources and amounts)** 10. \_\_\_\_\_
11. **Net rental income:** 11. \_\_\_\_\_
12. **Sales of inventory**
  - a. Gross sales 12a. \_\_\_\_\_
  - b. Less: costs of goods sold 12b. \_\_\_\_\_
  - c. Net income or (loss) from inventory sales 12c. \_\_\_\_\_
13. **Income from fundraising events:**
  - a. Gross 13a. \_\_\_\_\_
  - b. Less: direct expenses 13b. \_\_\_\_\_
  - c. Net income or (loss) from fundraising events 13c. \_\_\_\_\_
14. **Income from gaming activities:**
  - a. Gross 14a. \_\_\_\_\_
  - b. Less: direct expenses 14b. \_\_\_\_\_
  - c. Net income or (loss) from gaming activities 14c. \_\_\_\_\_
15. **All other contributions, gifts, grants & similar amounts:** 15. \_\_\_\_\_
16. **TOTAL REVENUE**  
(Add lines 1, 2, 3, 4, 5, 6, 7c, 8, 9, 10, 11, 12c, 13c, 14c & 15) 16. \_\_\_\_\_

## ATTACHMENT B

## Officers, Directors, Trustees, and Principal Executive Personnel

Please list officers, directors, trustees, and principal executive personnel:

Exemptions from public records apply to certain personal information about current or former law enforcement officers, judges, prosecutors, public defenders, firefighters, code enforcement officers and guardians ad litem and their families. For a complete list of exemptions, see Section 119.071(4), F.S. If you qualify for one of these exemptions, please do not list your home address and phone number below.

1. Last Name, First Name: BOOKBINDER, NOAH Title: Executive Director  
 Street Address: 455 MASSACHUSETTS AVENUE NW 1101 K St NW Phone Number: 202-408-5565  
 City, State, and Zip: WASHINGTON, DC 20001 20005 Suite 201 Compensated (Y/N): Y  
 Criminal History: ☐ Yes ☒ No  
 Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☒ No
2. Last Name, First Name: DWOSKIN, AL 1101 K St NW Ste 201 Title: Director Treasurer  
 Street Address: 455 MASSACHUSETTS AVENUE NW 6TH FLOOR Phone Number: 202-408-5565  
 City, State, and Zip: WASHINGTON, DC 20001 20005 Compensated (Y/N): N  
 Criminal History: ☐ Yes ☒ No  
 Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☒ No
3. Last Name, First Name: EISEN, NORMAN Title: Chairperson  
 Street Address: 455 MASSACHUSETTS AVE NW FL 6 Phone Number: 202-408-5565  
 City, State, and Zip: WASHINGTON, DC 20001-2782 Compensated (Y/N): N  
 Criminal History: ☐ Yes ☒ No  
 Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☒ No
4. Last Name, First Name: JORDAN, WAYNE 1101 K St NW Ste 201 Title: Director  
 Street Address: 455 MASSACHUSETTS AVENUE NW 6TH FLOOR Phone Number: 202-408-5565  
 City, State, and Zip: WASHINGTON, DC 20001 20005 Compensated (Y/N): N  
 Criminal History: ☐ Yes ☒ No  
 Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☒ No
5. Last Name, First Name: KAPLAN, CRAIG 1101 K St NW Ste 201 Title: Director  
 Street Address: 455 MASSACHUSETTS AVENUE NW, 6TH FL Phone Number: 202-408-5565  
 City, State, and Zip: WASHINGTON, DC 20001 20005 Compensated (Y/N): N  
 Criminal History: ☐ Yes ☒ No  
 Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☒ No
6. Last Name, First Name: LUONGO, JOHN 1101 K St NW Ste 201 Title: Director  
 Street Address: 455 MASSACHUSETTS AVENUE NW, 6TH FL Phone Number: 202-408-5565  
 City, State, and Zip: WASHINGTON, DC 20001 20005 Compensated (Y/N): N  
 Criminal History: ☐ Yes ☒ No  
 Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☒ No
7. Last Name, First Name: MARTINEZ, PILAR Title: Chief Financial Officer

Delete



7. Last Name, First Name: MARTINEZ, PILAR 1101 K St NW S-200 Title: Chief Financial Officer  
 Street Address: 455 MASSACHUSETTS AVENUE NW Phone Number: 202-408-5565  
 City, State, and Zip: WASHINGTON, DC 20001 20005 Compensated (Y/N): Y  
 Criminal History: ☐ Yes ☒ No  
 Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☒ No
8. Last Name, First Name: MERCER, DAVID DELETE Title: Director  
 Street Address: 455 MASSACHUSETTS AVENUE NW 6TH FLOOR Phone Number: \_\_\_\_\_  
 City, State, and Zip: WASHINGTON, DC 20001 Compensated (Y/N): N  
 Criminal History: ☒ Yes ☐ No  
 Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☐ No
9. Last Name, First Name: PAINTER, RICHARD DELETE Title: Vice Chairperson  
 Street Address: 455 MASSACHUSETTS AVENUE NW 6TH FL Phone Number: 202-408-5565  
 City, State, and Zip: WASHINGTON, DC 20001 Compensated (Y/N): N  
 Criminal History: ☐ Yes ☐ No  
 Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☐ No Delete
10. Last Name, First Name: WEISMANN, ANNE Title: Officer  
 Street Address: 455 MASSACHUSETTS AVENUE NW 6TH FLOOR Phone Number: 202-408-5565  
 City, State, and Zip: WASHINGTON, DC 20001 Compensated (Y/N): Y  
 Criminal History: ☐ Yes ☒ No  
 Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☒ No
11. Last Name, First Name: WEISSMANN, ANNE DELETE Title: Chief Financial Officer  
 Street Address: 455 MASSACHUSETTS AVE NW FL 6 Phone Number: 202-408-5565  
 City, State, and Zip: WASHINGTON, DC 20001-2783 Compensated (Y/N): N  
 Criminal History: ☐ Yes ☐ No  
 Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☐ No
12. Last Name, First Name: Linsky, Arielle Title: Chief operating officer  
 Street Address: 1101 K Street NW Ste. 201 Phone Number: 202-408-5565  
 City, State, and Zip: Washington, DC 20005 Compensated (Y/N): Y  
 Criminal History: ☐ Yes ☒ No  
 Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☒ No
13. Last Name, First Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City, State, and Zip: \_\_\_\_\_ Compensated (Y/N): \_\_\_\_\_  
 Criminal History: ☐ Yes ☐ No  
 Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☐ No
14. Last Name, First Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City, State, and Zip: \_\_\_\_\_ Compensated (Y/N): \_\_\_\_\_

14. Last Name, First Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_

Criminal History: ☐ Yes ☐ No

Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☐ No

**ATTACHMENT C**  
**Florida Chapters, Branches or Affiliates**

Please list Florida chapters, branches, or affiliates included in this registration:

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, and Zip: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, and Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

# **COPILEVITZ, LAM & RANEY**

310 West 20th Street, Suite 300  
Kansas City, MO 64108  
816 472 9000  
clrk.com

April 17, 2019

**FDACS Solicitation of Contributions  
Division of Consumer Services  
First Floor, Mayo Building  
P.O. Box 6700  
Tallahassee, FL 32314-6700**

**Re: Citizens for Responsibility and Ethics in Washington, Inc. CH25905**

Dear Sir or Madam,

Enclosed please find the above-named organization's Solicitation of Contributions Annual Renewal Registration form, and supporting documents.

I also wish to request the 180 Day Extension for more time to file the financial report. Please grant this request.

Please review the enclosed items and register this charity with your office. Should you have any questions or comments regarding this matter, please do not hesitate to contact me. Thank you, in advance, for your assistance.

Very truly yours,

A handwritten signature in cursive script that reads "Megan Parker". The signature is written in black ink and is positioned below the "Very truly yours," text.

**Megan Parker  
Compliance Professional  
For the Firm  
Email: [mparker@clrk.com](mailto:mparker@clrk.com)**