

**ELECTIONEERING  
COMMUNICATIONS ORGANIZATION**

**STATEMENT OF ORGANIZATION**

(PLEASE TYPE)

2021 MAY -7 PM 3:46  
BROWARD COUNTY  
SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

<b>1. Full Name of Organization</b> Better Leadership	Telephone 954-966-2606
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Mailing Address (include city, state and zip code)	3900 SW 26th Street
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Street Address (include city, state and zip code)	West Park, FL 33023
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2. Affiliated or Connected Organizations		
Name of Affiliated or Connected Organization	Mailing Address	Relationship
N/A		

<b>3. Area, Scope and Jurisdiction of the Organization</b> Broward, Palm Beach and Miami-Dade Councils. This organization will support local issues.
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4. Identify by Name, Address & Position, the Custodian of Books & Accounts for the Organization			
Full Name	Mailing Address	Street Address	Title or Position
Barbara Hardemon	3900 SW 26th Street, West Park, FL 33023		Chairperson

<b>5. This Organization was formed (check applicable box): (Calendar quarters end the last day of March, June, September, and December.)</b>
<input checked="" type="checkbox"/> As a newly created organization during the current calendar quarter.
<input type="checkbox"/> From an organization existing prior to the current calendar quarter.

**6. List By Name, Mailing and Street Address, & Position, Other Principal Officers, including the treasurer and deputy treasurer, if any. Include the top-ranking officer's (e.g., chairperson) name and information.**

Full Name	Mailing Address	Street Address	Title or Position
Barbara Hardemon	3900 SW 26th Street, West Park, FL 33023	3900 SW 26th Street, West Park, FL 33023	Chairperson

**7. In the Event of Dissolution, What Disposition will be Made of the Residual Funds?**  
Donation to non-profit organization.

**8. List All Banks, Safety Deposit Boxes, or Other Depositories Used by this Organization for Electioneering Communications**

Name of Bank or Depository	Mailing Address
Bank of America	851 South State Road 7, Hollywood, FL 33023

**9. List All Reports Required to be Filed by this Organization with Federal Officials, & the Names, Addresses, & Positions of Such Officials, If Any**

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
N/A			

STATE OF Florida Broward COUNTY

I, Barbara Hardemon, certify that the information in this Statement of

Organization is complete, true, and correct.

**X**



Signature of Top-ranking Principal Officer of Organization

5/5/2021

Date

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR  
POLITICAL COMMITTEES**  
(Sections 106.011(2) and 106.021(1), F.S.)

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BROWARD COUNTY  
SUPERVISOR OF ELECTIONS

**CHECK APPROPRIATE BOX:**

Initial Filing for: ☒ Primary Treasurer ☐ Deputy Treasurer

**OFFICE USE ONLY**

Re-filing to Change: ☐ Primary Treasurer ☐ Deputy Treasurer ☐ Primary/Secondary Depository

1. Committee

Better Leadership

2. Telephone

(954 ) 966-2606

3. Name of Treasurer or Deputy Treasurer

Barbara Hardemon

4. Email (optional)

Bhardemon@aol.com

5. Telephone (optional)

(954 ) 966-2606

6. Mailing Address

3900 SW 26th Street, West Park, FL 33023

7. Street Address

3900 SW 26th Street, West Park, FL 33023

8. The following bank has been designated as the



Primary Depository



Secondary Depository

9. Name of Bank

Bank of America

10. Street Address

851 South State Road 7

11. City

Hollywood

12. State

FL

13. Zip Code

33023

14. Signature of Chairman

X

15. Name of Chairman (Print or Type)

Barbara Hardemon

**Campaign Treasurer's Acceptance of Appointment**

I, **Barbara Hardemon**

(Please Print or Type)

, do hereby accept the appointment as

treasurer or deputy treasurer for

Better Leadership

(Committee)

**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.**

5/5/2021

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

**REGISTERED AGENT  
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

OFFICE USE ONLY

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THOMAS COUNTY  
SUPERVISOR OF ELECTIONS

- ☒ Original Appointment ☐ Change of Appointment  
☐ Change of Mailing Address ☐ Change of Physical Address

**Registered Agent and Office Information**

Name <b>Barbara Hardemon</b>		Telephone
Street Address <b>3900 SW 26th Street</b>		
City <b>West Park</b>	State <b>FL</b>	Zip Code <b>33023</b>
Mailing Address <b>3900 SW 26th Street</b>		
City <b>West Park</b>	State <b>FL</b>	Zip Code <b>33023</b>

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

5/5/2021  
Date

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

Name <b>N/A</b>		Telephone
Street Address		
City	State	Zip Code

**Committee or Organization Information**

Name of Committee or Organization <b>Better Leadership</b>		
Street Address <b>3900 SW 26th Street</b>		Telephone <b>954-966-2606</b>
City <b>West Park</b>	State <b>FL</b>	Zip Code <b>33023</b>

  
Signature of Chairperson

**Barbara Hardemon**  
Printed Name of Chairperson

5/5/2021  
Date