

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

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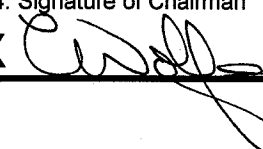
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MIAMI-DADE  
ELECTIONS

CHECK APPROPRIATE BOX:

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Original Appointment of Treasurer       Reappointment of Treasurer       Deputy Treasurer


1. Committee or Organization <b>NEIGHBORS FOR BETTER SCHOOLS</b>		2. Telephone (305 ) 273-3777	
3. Name of Treasurer or Deputy Treasurer <b>Ernesto Martinez, Jr.</b>		4. Email (optional) <b>emjfirm@aol.com</b>	
5. Telephone (optional) (305 ) 446-0702			
6. Mailing Address <b>2655 LeJeune Road, Ste. 323, Coral Gables, FL 33134</b>			
7. Street Address <b>Same</b>			
8. The following bank has been designated as the <input checked="" type="checkbox"/> <b>Primary Depository</b> <input type="checkbox"/> <b>Secondary Depository</b>			
9. Name of Bank <b>Intercontinental Bank</b>		10. Street Address <b>5722 SW 8th Street</b>	
11. City <b>West Miami</b>		12. State <b>FL</b>	13. Zip Code <b>33134</b>
14. Signature of Chairman <b>X</b> 		15. Name of Chairman (Print or Type) <b>Cristopher A. Wolfe</b>	

**Campaign Treasurer's Acceptance of Appointment**

I, Ernesto Martinez, Jr., do hereby accept the appointment as  
(Please Print or Type)  
treasurer or deputy treasurer for Neighbors for Better Schools  
(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.**

1/19/12  
Date

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

**STATEMENT OF ORGANIZATION  
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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ELECTIONS

**1. Full Name of Committee**

Neighbors for Better Schools

**Telephone**

305-446-0702

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

2655 LeJeune Road, Ste. 323, Coral Gables, FL 33134

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

Same

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

Name of Affiliated or  
Connected Organization

Mailing Address

Relationship

N/A

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

Miami-Dade County

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

Promote Education

**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

Ernesto Martinez, Jr.

2655 LeJeune Road, Ste. 323  
Coral Gables, FL 33134

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
Christopher A. Wolfe	7840 SW 86th Street, Suite 21 Miami, FL 33143	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)**

Full Name	Mailing Address	Office Sought	Party
N/A			

**8. List Any Issues this Committee is Supporting: Education**

List Any Issues this Committee is Opposing:

**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?**

Compliance with statutory requirements including return of contributions or donations as legally authorized.

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

Name of Bank or Depository & Account Number	Mailing Address
Intercontinental Bank Account Number TBA	5722 SW 8th Street West Miami, FL 33144

**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**

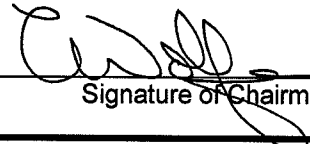
Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address

STATE OF Florida

Miami-Dade  COUNTY

I, Christopher A. Wolfe, certify that the information in this Statement of

Organization is complete, true and correct.

**X**   
Signature of Chairman of Political Committee

1/19/12  
Date

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 ELECTIONS

**Campaign Treasurer's Report  
Electronic Filing Requirements  
for Miami-Dade County**



Candidate (office sought): \_\_\_\_\_

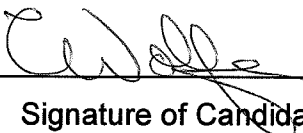
Political Committee: Neighbors for Better Schools

Party Executive Committee: \_\_\_\_\_

Other: \_\_\_\_\_

I, Christopher A. Wolfe  
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically via the Supervisor of Elections website by midnight of the day designated in order to comply with Miami-Dade County requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miami-Dade County regarding the filing of the campaign finance reports with the Supervisor of Elections were recently amended in that original signed hardcopies are no longer required.

x   
Signature of Candidate or Chairperson

1/19/12  
Date

Day Time Telephone Number: 305-273-3777

Alternate Contact Number: 305-962-8363

Email Address: chris @ chriswolfe.net

*This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.*

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ELECTIONS

**Receipt of Handbook and the  
Election Laws of the State of Florida**



**Candidate/Chairperson:**

Christopher                      A.                      Wolfe  
 First Name                      Middle Name                      Last Name

Neighbors for Better Schools  
 Office Sought / Organization

**This is to acknowledge my receipt of the following documents:**

Handbooks Available	Edition	Downloaded from Internet	CD-Rom	Other
The Election Laws of the State of Florida		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Qualifying Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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 ELECTIONS

**Received by:**

X [Signature]                      1/19/12  
 Signature of Candidate or Chairperson                      Date

Day Time Telephone Number: 305-273-3777

Alternate Contact Number: 305-962-8363

Email Address: chris @ chriswolfe.net

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MIAMI-DADE  
ELECTIONS

**REGISTERED AGENT  
STATEMENT OF APPOINTMENT**  
(Section 106.022, F.S.)

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

**Registered Agent and Office Information**

Name Ernesto Martinez, Jr.	Telephone 305-446-0702
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Street Address  
2655 LeJeune Road, Ste. 323

City Coral Gables	State FL	Zip Code 33134
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Mailing Address  
2655 LeJeune Road, Ste. 323

City Coral Gables	State FL	Zip Code 33134
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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

1/19/12  
 \_\_\_\_\_  
 Date

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

Name	Telephone
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Street Address

City	State	Zip Code
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**Committee or Organization Information**

Name of Committee or Organization  
Neighbors for Better Schools

Street Address 2655 LeJeune Road, Ste. 323	Telephone 305-273-3777
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City Coral Gables	State FL	Zip Code 33134
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 \_\_\_\_\_  
 Signature of Chairperson

Christopher A. Wolfe  
 \_\_\_\_\_  
 Printed Name of Chairperson

1/19/12  
 \_\_\_\_\_  
 Date