STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

OFFICE USE ONLY

(PLEASE TYPE)

1. Full Name of Committee	Télephone _	
Neighbors for Better Schools	305-446-0702	
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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) 2655 LeJeune Road, Ste. 323, Coral Gables, FL 33134

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship
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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

Mercy M. Lopez 2655 LeJeune Road, Ste. 323 Coral Gables, FL 33134 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			
Coral Gables, FL 33134 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	>		
Committee is Supporting (if none, please indicate) Full Name Mailing Address Office Sought Party N/A	3		
N/A			
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8. List Any Issues this Committee is Supporting: Education	EA.J		
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? Contributed to 501(c)(3) organizations, or as otherwise allowed by	law		
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, Addres and Positions of Such Officials, If Any	ses		
Report Title Dates Required to be Filed Name & Position of Official Mailing Addres	s		
STATE OF Florida Miami-Dade COU	NTY		
I, Mercy M. Lopez , certify that the information in this Statement of			
Organization is complete, true and correct.			

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:			OFFICE USE ONLY
Original Appointment of Treasurer Reappoin	ntment of Treasurer		Deputy Treasurer
1. Committee or Organization		2. Telephone	
Neighbors For Better Schools		(305) 446-0	0702
Name of Treasurer or Deputy Treasurer 4. Email (optional))	5. Telephone (c	ptional)
Ernesto Martinez, Jr. emjfirm@aol.coi	m	(305) 446-0	0702
6. Mailing Address 2655 LeJeune Road, Ste. 323, Coral Gables, FL 33134			
7. Street Address 2655 LeJeune Road, Ste. 323, Coral Gables, FL 33134			
8. The following bank has been designated as the Prin	mary Depository	Seconda	ry Depository
9. Name of Bank	10. Street Address		i e
Intercontinental Bank	5722 SW 8th Street		et
11. City	12. State		13. Zip Code
West Miami	FL		33134
14. Signature of Chairman X Zefes Chairman	15. Name of Chair	-	e)
Campaign Treasurer's Acceptance of Appointment			
I, Ernesto Martinez, Jr.		, do hereb	y accept the appointment as
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.			
7/9/14 X @	Signature of Campa	ign Treasurer or	Deputy Treasurer

OFFICE USE ONLY **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 Telephone Name FFI 305-446-0702 Ernesto Martinez, Jr. Street Address -2655 LeJeune Road, Ste. 323 Zip Code State 33134 Coral Gables FL Mailing Address 2655 LeJeune Road, Ste. 323 State Zip Code City 33134 FL Coral Gables 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 Former Registered Agent and Office Information (for changes only) Telephone Name Street Address Zip Code City State Committee or Organization Information Name of Committee or Organization Neighbors for Better Schools Street Address Telephone 2655 LeJeune Road, Ste. 323 305-446-0702 City Zip Code State Coral Gables FL 33134 Signature of Chairperson Mercy M. Lopez Printed Name of Chairperson

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Access to Handbook and the Election Laws of the State of Florida

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Candidate/Chairperson:

Mercy

Lopez

Middle Name

Neighbors For Better Schools

Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade **County Elections Department Website:**

- Candidate Qualifying Handbook (http://www.miamidade.gov/elections/candidate.asp) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.
- Political Committee Handbook (http://www.miamidade.gov/elections/pacs.asp) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by: Candidate / Chairperson Signature

Primary Telephone Number: 305-446-0702

Alternate Telephone Number:

E-mail address: emjfirm@aol.com

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

☐ Candidate (office sought):	
Candidate's Florida Voter Registration Number:	
Political Committee: Neighbors for Better Schools	
□ Party Executive Committee:	
□ Other:	
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I, Mercy M. Lopez (Please print name of Candidate or Chairperson) Understand that Campaign Treasurer's Reports must be filed electronically via	(
(Please print name of Candidate or Chairperson)	
understand that Campaign Treasurers Reports intust be med ciccumstants and	
Supervisor of Elections website by midnight of the day designated in order to co	
with Miami-Dade County requirements. I also acknowledge that Sections 12-17 and	
21 of the Code of Miami-Dade County regarding the filing of the campaign fine	
reports with the Supervisor of Elections were recently amended in that original signal	gned
hardcopies are no longer required.	
I also understand that, in accordance with Section 12-14.1 of the Code of Miami-D	Dade
County, Florida, candidates running for the Offices of Miami-Dade County Ma	ayor,
Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Co	uncil
must now file the Absentee Ballot Campaign Report (MD-ED 26) to disclose the na	mes
of paid campaign workers engaged in absentee ballot activities.	
7/9/14	
Signature of Candidate or Chairperson Date	
Day Time Telephone Number: 305-446-0702	
Alternate Contact Number:	
Email Address: emjfirm@aol.com	
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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.