

**ELECTIONEERING COMMUNICATION
STATEMENT OF ORGANIZATION**

(PLEASE TYPE)

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

OFFICE USE ONLY

1. Full Name of Organization

Reform Now

Telephone

786-514-2965

Mailing Address (include city, state and zip code)

2655 Le Jeune Road, Suite 323, Coral Gables, Florida 33134

Street Address (include city, state and zip code)

2655 Le Jeune Road, Suite 323, Coral Gables, Florida 33134

2. Affiliated or Connected Organizations

Name of Affiliated or Connected Organization	Mailing Address	Relationship
None		

3. Area, Scope and Jurisdiction of the Organization

Miami-Dade County--advocating for candidates and issues to promote accountability and reform in government

4. Identify by Name, Address & Position, the Custodian of Books & Accounts for the Organization

Full Name	Mailing Address	Street Address	Title or Position
Ernesto Martinez	2655 Le Jeune Road Suite 323 Coral Gables, Florida 33134	2655 Le Jeune Road Suite 323 Coral Gables, Florida 33134	Treasurer

5. This Organization was formed (check applicable box): (Calendar quarters end the last day of March, June, September, and December.)

- As a newly created organization during the current calendar quarter.
- 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
Armando Ibarra	2655 Le Jeune Road Suite 323 Coral Gables, Florida 33134	2655 Le Jeune Road Suite 323 Coral Gables, Florida 33134	Chairperson
Ernesto Martinez			Treasurer

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7. In the Event of Dissolution, What Disposition will be Made of the Residual Funds?

Most likely will be donated to a 501(c)(3) as allowed under Florida law

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

Name of Bank or Depository	Mailing Address
BB&T Coral Gables Branch	2000 Ponce De Leon Blvd., Suite 101 Coral Gables, Florida 33134

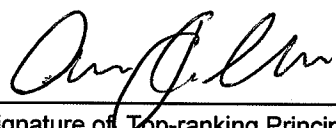
9. List All Reports Required to be Filed by this Organization with Federal Officials, & the Names, Addresses, & Positions of Such Officials, If Any

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
Form SS-4 Form 8871 as may be required	Upon formation March 15, annually	Internal Revenue Service	Ogden, Utah 84201

STATE OF Florida Miami-Dade COUNTY

I, Armando Ibarra, certify that the information in this Statement of

Organization is complete, true, and correct.

X 
 Signature of Top-ranking Principal Officer of Organization

2-17-12
 Date

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

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ELECTIONS DEPARTMENT

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

Registered Agent and Office Information

Name **Armando Ibarra** Telephone **786-514-2965**

Street Address **2655 Le Jeune Road, Suite 323**

City **Coral Gables** State **Florida** Zip Code **33134**

Mailing Address **2655 Le Jeune Road, Suite 323**

City **Coral Gables** State **Florida** Zip Code **33134**

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

2-17-12
Date

Former Registered Agent and Office Information (for changes only)

Name Telephone

Street Address

City State Zip Code

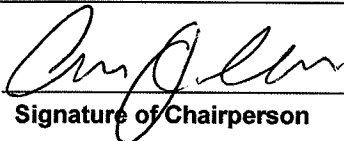
Committee or Organization Information

Name of Committee or Organization

Reform Now

Street Address **2655 Le Jeune Road, Suite 323** Telephone **786-514-2965**

City **Coral Gables** State **Florida** Zip Code **33134**


Signature of Chairperson

Armando Ibarra
Printed Name of Chairperson

2-17-12
Date

**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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CHECK APPROPRIATE BOX:

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Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization Reform Now		2. Telephone 786, 514-2965
3. Name of Treasurer or Deputy Treasurer Ernesto Martinez	4. Email (optional)	5. Telephone (optional) (305) 446 9750
6. Mailing Address 2655 LeJeune Road Suite 323 Coral Gables, FL 33134		
7. Street Address 2655 LeJeune Road Suite 323 Coral Gables FL 33134		
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository		
9. Name of Bank BB&T Coral Gables Branch	10. Street Address 2000 Ponce de Leon Blvd # 101, Coral Gables, FL 33134	
11. City Coral Gables	12. State FL	13. Zip Code 33134

14. Signature of Chairman X <i>Armando Ibarra</i>	15. Name of Chairman (Print or Type) Armando Ibarra
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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 **Reform Now**
(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.

2/21/12 **X** *Ernesto Martinez Jr.*
Date Signature of Campaign Treasurer or Deputy Treasurer

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



Candidate/Chairperson:

Armando

First Name

Middle Name

Ibarra

Last Name

Reform Now

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"/>	

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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Received by:

Armando J. Ibarra

Signature of Candidate or Chairperson

2-17-12

Date

Day Time Telephone Number: 786-514-2965

Alternate Contact Number: 305-482-1648

Email Address: armando.j.ibarra@gmail.com

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



- Candidate (office sought): _____
- Political Committee: Reform Now - an ECO
- Party Executive Committee: _____
- Other: _____

I, Armando Ibarra
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically at 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.

Armando J. Ibarra 2-17-12
Signature of Candidate or Chairperson Date

Day Time Telephone Number: 786-514-2965

Alternate Contact Number: 305-482-1648

Email Address: armando.j.ibarra@gmail.com

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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