STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

2012 SEP -4 AM 9: 49

MIAMI-DADE ELECTIONS

1. Full Name of Committee

Telephone

Committee to Preserve an Ideal Partnership

(305) 460-6567

Mailing Address (include city, state and zip code)

2121 Ponce de Leon Blvd, #1100 Coral Gables, FL 33134

Street Address (include city, state and zip code)

2121 Ponce de Leon Blvd, #1100

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
N/A	N/A	N/A
	The colored Ma	

3. Area, Scope and Jurisdiction of the Committee

The Committee will have a single purpose, to urge voter support for the November 6 general election for a referendum to approve construction of new permanent facilities in the Crandon Park Tennis Center and modify and extend the lease to operate the Sony Open.

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

The Committee's special interest is to improve the Crandon Park Tennis Center, without any additional public money, for both the benefit of park visitors, to improve the site for the Sony Open, and to tie the Sony to Crandon Park and South Florida for a much longer time frame than existing under current agreements.

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
Joaquin Urquiola, CPA	2121 Ponce de Leon Blvd, #1100 Coral Gables, FL 33134	Treasurer

	s and Position, Other Principal Any (include chairman's name		Officers and	l Members of the
Full Name	Mailing Add	Mailing Address		nittee Title or Position
Adam Barrett	1500 Douglas Road, #230 Coral Gables, FL 33134	1500 Douglas Road, #230 Coral Gables, FL 33134		n
Joaquin Urquiola, CP	A 2121 Ponce de Leon Blvd, #1100 Coral Gables, FL 33134)	Treasurer	
7. List by Name, Address Committee is Support	s, Office Sought and Party Affil ing (if none, please indicate)	iation Each Candida	te or Other	Individual that this
Full Name	Mailing Address	Office	Sought	Party
N/A	N/A			N/A
8. List Any Issues this C	ommittee is Supporting: The only construc	issue the Committee supportion and an extended Tourn	rts is a yes vot ament lease for	e on the referendum to allow new the Crandon Park Tennis Center.
List Any Issues this C	ommittee is Opposing: N/A			21
9. If this Committee is So	upporting the Entire Ticket of a	Party, Give Name of	Party	SEP -L
10. In the Event of Disso	lution, What Disposition will be	Made of Residual F	unds?	AM NOIT
Returned pro-rata to cor	ntributors or given to charitable	501c3 organization.		NS M 9
11. List all Banks, Safety	Deposit Boxes, or Other Depo	sitories Used for Co	mmittee Fu	ınds 🗜
Name of Bank or Depository & Account Number Mailing Address				ldress
Bank Atlantic		2121 Ponce de Leon Blvd Coral Gables, FL 33134		
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
N/A	N/A	N/A	1	N/A
STATE OF FLORIDA	±	MIAMI-DA	NDE	■ COUNTY
I, Adam Barrett , certify that the information in this Statement of			n this Statement of	
Organization is complete, true and correct.				
X 1/1/12 9/4/12				
Signature of Chairman of Political Committee Date				

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR

POLITICAL COMMITTEES

(Sections 106.011(1) and 106.021(1), F.S.)

DS-DE 6 (Rev. 7/10)

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MIAMI-DADE ELECTIONS

OFFICE USE ONLY CHECK APPROPRIATE BOX: Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer 1. Committee or Organization 2. Telephone Committee to Preserve an Ideal Partnership (305) 460-6567 3. Name of Treasurer or Deputy Treasurer 4. Email (optional) 5. Telephone (optional) joaquin.urquiola@gskcpas.com Joaquin Urquiola (305) 442-2200 6. Mailing Address 2121 Ponce de Leon Blvd., Suite 1100, Coral Gables, FL 33134 7 Street Address 2121 Ponce de Leon Blvd., Suite 1100, Coral Gables, FL 33134 8. The following bank has been designated as the ▼ Primary Depository Secondary Depository 10. Street Address 9. Name of Bank **Bank Atlantic** 2121 Ponce de Leon Blvd 12. State 13. Zip Code 11. City **Coral Gables** 33134 FI 15. Name of Chairman (Print or Type) 14. Signature of Chairman Adam Barrett Campaign Treasurer's Acceptance of Appointment Joaquin Urquiola , do hereby accept the appointment as (Please Print or Type) Committee to Preserve an Ideal Partnership treasurer or deputy treasurer for (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. X Signature of Campaign Treasurer or Deputy Treasurer

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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MIAMI-DADE ELECTIONS

CHECK APPROPRIATE BOX:			OFFICE USE ONLY
Original Appointment of Treasurer Reappoin	tment of Treasurer	\times	Deputy Treasurer
Committee or Organization		2. Telephone	
Committee to Preserve an Ideal Partnership		(305) 460-6	5567
Name of Treasurer or Deputy Treasurer 4. Email (optional))	5. Telephone (o	ptional)
Gloria Maggiolo gloria.maggiolo@)gskcpas.com	(305) 442-2	2200
6. Mailing Address 2121 Ponce de Leon Blvd., Suite	1100, Cora	l Gables,	FL 33134
7. Street Address 2121 Ponce de Leon Blvd., Suite	e 1100, C	oral Gabl	es, FL 33134
8. The following bank has been designated as the Prin	mary Depository	Seconda	ry Depository
9. Name of Bank	10. Street Address		
Bank Atlantic	2121 Por	nce de Le	eon Blvd
11. City	12. State		13. Zip Code
Coral Gables	FL		33134
14. Signature of Chairman	15. Name of Chair		е)
Campaign Treasurer's Ac	ceptance of A	ppointment	
Gloria Maggiolo		, do hereb	by accept the appointment as
(Please Print or Type) treasurer or deputy treasurer for Committee to Preserve an Ideal Partnership			
	(Committee or Organia		ornp .
UNDER PENALTIES OF PERJURY, I DECLARE THAT I H ACCEPTANCE OF APPOINTMENT AND Date		STATED ARE TE	RUE.

REGISTERED AGENT STATEMENT OF APPOINTMENT

REGRECEVSEONLY

(Section 106.022, F.S.)		2012 SEP -4 AM 9: 50		
		N.41	MIAMI-DADE ELECTIONS	
✓ Original Appointment ☐ Change of Appointment		MI/ El		
Change of Mailing Address Change of Physica	al Address			
Registered Agent and Office Information				
Name Joaquin Urquiola			Telephone 305-442-2200	
Street Address 2121 Ponce de Leon Blvd., Suite 1100				
City Coral Gables	State FL		Zip Code 33134	
Mailing Address 2121 Ponce de Leon Blvd., Suite 1100	1			
City Coral Gables	State FL		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		Date	1110	
Former Registered Agent a	nd Office	Information (fo	r changes only)	
Name N/A		-	Telephone	
Street Address				
City	State	×	Zip Code	
Committee or	Organiza	tion Informatio	n	
Name of Committee or Organization	W 1.65	- 220 - 22		
Committee to Preserve an Ideal Par	tnership	6		
Street Address 2121 Ponce de Leon Blvd, #1100			Telephone 305-460-6567	
City Coral Gables	State FL		Zip Code 33134	
w/ her				
Signature of Chairperson				
Adam Barrett		9/4	1/12	
Printed Name of Chairperson		Date	71-	



Access to Handbook and the RECEIVED Election Laws of the State of Florida EP -4 AM 9: 50

0 - 1:1 (/01 : :		MIAMI-DADE
Candidate/Chairperson:		ELECTIONS
Adam		Barrett
First Name	Middle Name	Last Name
Committee to Preserve	e an Ideal Partn	ership
Of	fice Sought / Organization	
acknowledge that it is my requirements described in the County Elections Department We	following resources	
	Laws and Handbooks, the ndbooks, Qualifying Inform	e Election Laws of the State of ation, Electronic Reporting Dates
Political Committee Handboo Contains information on State Florida, County Laws and Han Important Committee Information	Laws and Handbooks, the ndbooks, Electronic Repor	e Election Laws of the State of ting Dates and Procedures,
Acknowledged by:	y Mark	
Date: 9/4/2012	Candidate / Chairperson	Signature
	305-460-6567	
Alternate Telephone Number:	305-442-2200	
E-mail address: adam.ba	rrett@imgworld.	com

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



□ Candidate (office sought):	
Candidate's Florida Voter Registration Number:	·
Political Committee: Committee to Preserve an Ideal Partner	rship
□ Party Executive Committee:	2017
□ Other:	SEP
	-5-
Adam Barrett (Please print name of Candidate or Chairperson)	PM 9
understand that Campaign Treasurer's Reports <u>must</u> be filed electronically in	or de r to
comply with Miami-Dade County requirements.	
Additionally, a hard copy of the Campaign Treasurer's Reports must be printed Miami-Dade County Elections Department website and submitted by the r	
deadline with original signatures.	eporting
adding with original digital deci-	
9/4/2012	
Signature of Candidate or Chairperson Date	
Day Time Telephone No: 305-460-6567	
Email Address: adam.barrett@imgworld.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.