ELECTIONEERING COMMUNICATION STATEMENT OF ORGANIZATION

(PLEASE TYPE)

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MIAMI-DADE ELECTIONS

						OFFICE USE ONLY
1. Full Name of Organization						Telephone
Excellence in Government						305-446-0702
Mailing Address (include city, s	tate 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 Org	janizatio	ons				
Name of Affiliated or Connected Organization Mailing Addi			Addre	ss	Relationship	
None						
Area, Scope and Jurisdiction of the Organization Miami-Dade County, Communications for candidates to promote excellence in government.						
4. Identify by Name, Address & Position, the Custodian of Books & Accounts for the Organization						
Full Name	M	ailing Address	Street Address		3	Title or Position
Ernesto Martinez, Jr.	Suite 3	ite 323		2655 LeJeune Road Suite 323 Coral Gables, FL 33134		reasurer
 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		
Jeffrey Porter	1586 S. Golden Eye Lane Homestead, FL 33035	1586 S. Golden Eye Lane Homestead, FL 33035	Chairman		
Ernesto Martinez, Jr.	2655 LeJeune Road Suite 323 Coral Gables, FL 33134	2655 LeJeune Road Suite 323 Coral Gables, FL 33134	Treasurer		
			2012 SEP		
7. In the Event of Dissolution	n, What Disposition will be	Made of the Residual Funds	3?		
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					
List All Banks, Safety Deposit Boxes, or Other Depositories Used by this Organization for Electioneering Communications					
Name of Bank	or Depository	Mailing Address			
Sunstate Bank		14095 South Dixie Highway Miami, FL 33176-7222			
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		
The state of the s	Upon formation March 15, annually	Internal Revenue Service	Ogden, Utah 84201		
STATE OF Florida		Miami-Dade	COUNTY		
I, Jeffrey Porter		, certify that the information in this Statement of			
Organization is complete, true, and correct.					
X My Out 9/19/12 Signature of Top-ranking Principal Officer of Organization 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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MIAMI-DADE ELECTIONS

CHECK APPROPRIATE BOX:			OFFICE USE ONLY
Original Appointment of Treasurer Reappoin	ntment of Treasurer		Deputy Treasurer
1. Committee or Organization		2. Telephone	
Excellence in Government	(305) 446-0	702	
Name of Treasurer or Deputy Treasurer 4. Email (optional)	5. Telephone (o	ptional)	
Ernest Martinez, Jr. emifirm@aol.com	m	(305) 446-0	702
6. Mailing Address			
2655 LeJeune Road, Ste. 323, Co	ral Gables	, FL 3313	4
7. Street Address			
2655 LeJeune Road, Ste. 323, 0	Coral Gab	les, FL 3	3134
8. The following bank has been designated as the Primary Depository Secondary Depository			
9. Name of Bank	10. Street Address	3	
Sunstate Bank 14095 South Dixie Highway			Highway
11. City	12. State		13. Zip Code
Miami	FL		33134
14. Signature of Chairman	15. Name of Chair	man (Print or Type	е)
x flygry Contr	Jeffrey Po	orter	
Campaign Treasurer's Acceptance of Appointment			
Ernesto Martinez, Jr.	Activities and selections and an artist and an artist and a selection and a selection and a selection and a se	, do hereb	y accept the appointment as
(Please Print or Type) treasurer or deputy treasurer for Excellence in Government			
	(Committee or Organiz	ation)	, *
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.			
9/19/12 X Smith			

Signature of Campaign Treasurer or Deputy Treasurer

Date

REGISTERED AGENT STATEMENT OF APPOINTMENT

(Section 106.022, F.S.)

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✓ Original Appointment ☐ Change of Appoin	MIAMI-DADE ELECTIONS				
Change of Mailing Address Change of Physic					
Registered Ag	ent and O	Office Information			
Name Ernesto Martinez, Jr.	Telephone 305-446-0702				
Street Address	731131	303-440-0702			
2655 LeJeune Road, Ste. 323	T 04-4-	Zip Code			
City Coral Gables					
Mailing Address 2655 LeJeune Road, Ste. 323					
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	art nor sta	Date			
Former Registered Agent a	and Office	e Information (for changes only)			
Name		Telephone			
Street Address	About 104				
City	State	Zip Code			
Committee or Organization Information					
Name of Committee or Organization					
Excellence in Government					
Street Address 2655 LeJeune Road, Ste. 323		Telephone 305-446-0702			
City Coral Gables	State FL	Zip Code 33134			
Orthun Donter					
Signature of Chairperson	30, 2, 319	a ha ha			
Signature of Chairperson Jeffrey Porter Printed Name of Chairperson		9/19/12 Date			

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

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	Candidate (office sought):	MIAMI-DADE ELECTIONS
(Candidate's Florida Voter Registration Number:	
■ F	Political Committee: Excellence in Governm	ent ECO
□F	Party Executive Committee:	
	Other:	
l, 💆	Jeffrey Porter	
und	(Please print name of Candidate or Chairpers erstand that Campaign Treasurer's Reports <u>must</u> be apply with Miami-Dade County requirements.	
	litionally, a hard copy of the Campaign Treasurer's Remi-Dade County Elections Department website and	() √* 1
dea	dline with original signatures. Affine with original signatures.	9/19/12
(Signature of Candidate or Chairperson	Date
Day	Time Telephone No: 305-446-0702	
Ema	ail Address: emjfirm@aol.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.

MIAMI·DADE

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

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Candidate/Chairperson:		MIAMI-DADE ELECTIONS
Jeffrey		Porter
First Name	Middle Name	Last Name
Excellence in Govern	nment ECO	
	Office Sought / Organization	
I acknowledge that it is my requirements described in th County Elections Department V	ne following resources	
Florida, County Laws and H	ite Laws and Handbooks, the) Election Laws of the State of ation, Electronic Reporting Dates Recent Legislative Changes.
Florida, County Laws and H		9
Acknowledged by:	Augus Lata Candidate / Chairperson	Signature
Date: 9/19/12		
Primary Telephone Number:	305-446-0702	
Alternate Telephone Number	:	
E-mail address: emjfirm	@aol.com	