

**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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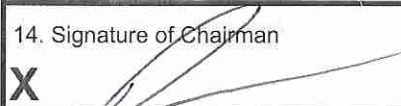
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MIAMI-DADE
ELECTIONS

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

| | | | |
|---|--|--|-----------------------|
| 1. Committee or Organization Better Foundations For Our Future | | 2. Telephone (305) 442-2200 | |
| 3. Name of Treasurer or Deputy Treasurer Gloria Maggiolo | | 4. Email (optional) gloria.maggiolo@gskcpas.com | |
| 5. Telephone (optional) (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 <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository | | | |
| 9. Name of Bank Bank Atlantic | | 10. Street Address 2121 Ponce de Leon Blvd | |
| 11. City Coral Gables | | 12. State FL | 13. Zip Code 33134 |
| 14. Signature of Chairman  | | 15. Name of Chairman (Print or Type) Joaquin Urquiola | |

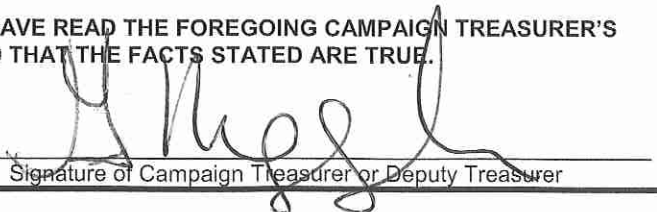
Campaign Treasurer's Acceptance of Appointment

I, Gloria Maggiolo, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for Better Foundations For Our Future
(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.

9/27/2012

Date


Signature of Campaign Treasurer or Deputy Treasurer

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ELECTIONEERING COMMUNICATION STATEMENT OF ORGANIZATION

(PLEASE TYPE)

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1. Full Name of Organization

Better Foundations For Our Future

Telephone

305-442-2200 ext. 252

Mailing Address (include city, state and zip code)

2121 Ponce de Leon Blvd., Suite 1100

Street Address (include city, state and zip code)

Coral Gables, FL 33134

2. Affiliated or Connected Organizations

| Name of Affiliated or Connected Organization | Mailing Address | Relationship |
|--|-----------------|--------------|
| N/A | N/A | N/A |

3. Area, Scope and Jurisdiction of the Organization

Miami-Dade County

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

| Full Name | Mailing Address | Street Address | Title or Position |
|-----------------|---|---|-------------------|
| Gloria Maggiolo | 2121 Ponce de Leon Blvd Suite 1100 Coral Gables, FL 33134 | 2121 Ponce de Leon Blvd Suite 1100 Coral Gables, FL 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 |
|--------------------------|---|---|-------------------|
| Joaquin R. Urquiola, CPA | 2121 Ponce de Leon Blvd Suite 1100 Coral Gables, FL 33134 | 2121 Ponce de Leon Blvd Suite 1100 Coral Gables, FL 33134 | Chairperson |
| Gloria Maggiolo | 2121 Ponce de Leon Blvd Suite 1100 Coral Gables, FL 33134 | 2121 Ponce de Leon Blvd Suite 1100 Coral Gables, FL 33134 | Treasurer |

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

Returned to contributors pro-rata or donated to 501(c)(3).

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

| Name of Bank or Depository | Mailing Address |
|----------------------------|---|
| Bank Atlantic | 2121 Ponce de Leon Blvd Coral Gables, FL 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 |
|--------------|----------------------------|-----------------------------|-----------------|
| N/A | N/A | N/A | N/A |

STATE OF Florida COUNTY Miami-Dade

I, Joaquin Urquiola, certify that the information in this Statement of Organization is complete, true, and correct.

 9/27/2012
 Signature of Top-ranking Principal Officer of Organization Date

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

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MIAMI-DADE
ELECTIONS

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

Registered Agent and Office Information

| | | |
|---|-------------|---------------------------|
| Name Gloria Maggiolo | | 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 | | |
| 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


9/27/12
Date

Former Registered Agent and Office Information (for changes only)

| | | |
|----------------|-------|-----------|
| Name N/A | | Telephone |
| Street Address | | |
| City | State | Zip Code |

Committee or Organization Information

| | | |
|--|-------------|---------------------------|
| Name of Committee or Organization Better Foundations For Our Future | | |
| Street Address 2121 Ponce de Leon Blvd, #1100 | | Telephone 305-442-2200 |
| City Coral Gables | State FL | Zip Code 33134 |


Signature of Chairperson

Joaquin Urquiola

Printed Name of Chairperson

9/27/2012

Date



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

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MIAMI-DADE ELECTIONS

Candidate/Chairperson:

Joaquin

Urquiola

First Name

Middle Name

Last Name

Better Foundations For Our Future

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)
Political Committee Handbook (http://www.miamidade.gov/elections/pacs.asp)

Acknowledged by: Candidate / Chairperson Signature

Date: 9/27/2012

Primary Telephone Number: 305-442-2200

Alternate Telephone Number: 305-442-6323

E-mail address: joaquin.urquiola@gskcpas.com

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



Candidate (office sought): _____

Candidate's Florida Voter Registration Number: _____

Political Committee: _____

Party Executive Committee: _____

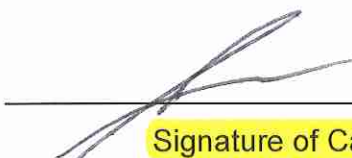
Other: Better Foundations For Our Future

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I, Joaquin Urquiola
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically in order to comply with Miami-Dade County requirements.

Additionally, a hard copy of the Campaign Treasurer's Reports must be printed from the Miami-Dade County Elections Department website and submitted by the reporting deadline with original signatures.

 9/27/2012
Signature of Candidate or Chairperson Date

Day Time Telephone No: 305-442-2200

Email Address: joaquin.urquiola@gskcpas.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.