


**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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ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

| | | | |
|---|--|--|------------------------------|
| 1. Committee or Organization Better South Miami | | 2. Telephone (305) 541-2424 | |
| 3. Name of Treasurer or Deputy Treasurer Gloria Maggiolo | | 4. Email (optional) gloria@bffcompliance.com | |
| 5. Telephone (optional) (305) 647-2666 | | | |
| 6. Mailing Address 6619 South Dixie Hwy., #148, Miami, Florida 33143 | | | |
| 7. Street Address 6619 South Dixie Hwy., #148, Miami, Florida 33143 | | | |
| 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 | | 10. Street Address 2000 Ponce de Leon | |
| 11. City Coral Gables | | 12. State Florida | 13. Zip Code 33134 |
| 14. Signature of Chairman X  | | 15. Name of Chairman (Print or Type) Edward Boas | |

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 South Miami**
(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.**

12/20/17
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

PRINT

RESET

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

1. Full Name of Committee

Better South Miami

Telephone

305-531-2424

Mailing Address (include city, state and zip code)

600 Brickell Avenue, Suite 1715, Miami, Florida 33131

Street Address (include city, state and zip code)

600 Brickell Avenue, Suite 1715, Miami, Florida 33131

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 |

3. Area, Scope and Jurisdiction of the Committee

Promoting Candidates and Issues in Miami-Dade County and relevant municipalities, including South Miami

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

PC to support candidates and Issues that make South Miami better.

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 |
|-----------------|--|-----------------------------|
| Gloria Maggiolo | 6619 South Dixie Hwy., #148, Miami, Florida 33143 | Treasurer |

6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)

| Full Name | Mailing Address | Committee Title or Position |
|-----------------------------|---|---|
| Eddie Boas <i>Edward</i> | 5700 Sunset Drive, South Miami, Florida 33143 | Chairman 2017 DEC 27 AM 11:57 |
| Juan-Carlos Planas, Esq. | 600 Brickell Avenue, Suite 1715 Miami, Florida 33131 | Registered Agent MIAMI-DADE COUNTY ELECTIONS DEPARTMENT |

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 | n/a | n/a | n/a |

8. List Any Issues this Committee is Supporting: to be determined

List Any Issues this Committee is Opposing: to be determined

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?

Donation to 501(c)(3) charitable organization.

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

| Name of Bank or Depository & Account Number | Mailing Address |
|---|--|
| BB&T | 2000 Ponce de Leon, 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 |
|---------------|----------------------------|-----------------------------|-----------------|
| SS4 | Upon Formation | Internal Revenue Service | Ogden, UT 84201 |
| Form 8871 | Upon Formation | Internal Revenue Service | Ogden, UT 84201 |
| Form 1120 POL | March 15, Annually | Internal Revenue Service | Ogden, UT 84201 |
| Form 990 | May 15, Annually | Internal Revenue Service | Ogden, UT 84201 |

STATE OF Florida Miami-Dade COUNTY

I, ~~Juan-Carlos Planas~~ Edward Boas, certify that the information in this Statement of

Organization is complete, true and correct.

X

Edward Boas

Signature of Chairman of Political Committee

12/26/17

Date

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

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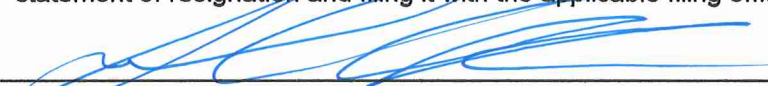
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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

Registered Agent and Office Information

| | | |
|--|------------------|---------------------------|
| Name Juan-Carlos Planas, Esq. | | Telephone 305-929-8500 |
| Street Address 600 Brickell Avenue, Suite 1715 | | |
| City Miami | State Florida | Zip Code 33131 |
| Mailing Address 600 Brickell Avenue, Suite 1715 | | |
| City Miami | State Florida | Zip Code 33131 |

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

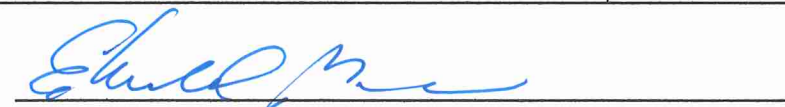
12/26/17
Date

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 Better South Miami | | |
| Street Address 600 Brickell Avenue, Suite 1715 | | Telephone 305-531-2424 |
| City Miami | State Florida | Zip Code 33131 |


Signature of Chairperson

Eddie Boas
Printed Name of Chairperson

12/26/17
Date



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

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ELECTIONS DEPARTMENT

Candidate/Chairperson:

Edward

Boas

First Name

Middle Name

Last Name

Batter South Miami

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

Date: 12/26/17

Primary Telephone Number: 305-742-3101

Alternate Telephone Number: _____

E-mail address: EBOAS@LANESSOUTHMIAMI.COM

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



Candidate (office sought): _____

Candidate's Florida Voter Registration Number: _____

Political Committee: Better South Miami

Party Executive Committee: _____

Other: _____

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Edward Boas

I, _____
(Please print name of Candidate or Chairperson)

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

I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade County, Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Absentee Ballot Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engaged in absentee ballot activities.

Lastly, I understand that Section 2.69(e) of the Code of Miami-Dade County requires that candidates for Property Appraiser also fill out the Miami-Dade county Contributing Entity (MD-ED 19) form for every reporting period if contributions are received from a corporation incorporated under the laws of the State of Florida or any other state or any foreign country of any partnership or any other legal entity other than a natural person.



12/26/17

Signature of Candidate or Chairperson

Date

Day Time Telephone Number: 305-742-3101

Alternate Contact Number: _____

Email Address: EBOAS@LANESSOUTHMIAMI.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.