

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI-DADE
CLERK

1. Full Name of Committee

FOR A BETTER SOUTH FLORIDA

Telephone

(786) 281-6616

Mailing Address (include city, state and zip code)

*10580 NW 27 ST. - BLDG F, SUITE 101
MIAMI, FL. 33172*

Street Address (include city, state and zip code)

*10580 NW 27 ST. - BLDG. F, SUITE 101
MIAMI, FL. 33172*

2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

Name of Affiliated or Connected Organization	Mailing Address	Relationship

3. Area, Scope and Jurisdiction of the Committee

MIAMI DADE COUNTY

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

TO SUPPORT CANDIDATES AND IDEAS THAT BRING IMPROVEMENT TO EDUCATION, INFRASTRUCTURE, TRANSPORTATION, BUSINESS.

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
<i>POOLA BARRIOS</i>	<i>10580 NW 27 ST. BLDG. F - SUITE 101 MIAMI, FL. 33172</i>	<i>CUSTODIAN</i>

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
PAOLA BARRIOS	10580 NW 27 ST. BLDG. F SUITE 402, MIAMI, FL 33172	TREASURER
CHRISTIAN CEVALLOS	10580 NW 27 ST, BLDG. F SUITE 101, MIAMI, FL 33172	CHAIR PERSON

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

8. List Any Issues this Committee is Supporting: EDUCATION, TRANSPORTATION, INFRASTRUCTURE, ENTREPRENEURSHIP.
 List Any Issues this Committee is Opposing:

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?
RETURN FUNDS TO CONTRIBUTORS OR DONATE TO CHARITY IF CONTRIBUTORS DESIRE

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

Name of Bank or Depository & Account Number	Mailing Address
BBRT	8701 SW 137 AVENUE MIAMI, FL 33183

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

STATE OF FLORIDA MIAMI DADE COUNTY

I, CHRISTIAN CEVALLOS, certify that the information in this Statement of

Organization is complete, true and correct.

X CHRISTIAN CEVALLOS 02/28/2020
 Signature of Chairman of Political Committee Date

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR
POLITICAL COMMITTEES**
(Sections 106.011(2) and 106.021(1), F.S.)

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MIAMI-DADE
ELECTIONS

CHECK APPROPRIATE BOX:

Initial Filing for: Primary Treasurer Deputy Treasurer

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Re-filing to Change: Primary Treasurer Deputy Treasurer Primary/Secondary Depository

1. Committee <i>FOR A BETTER SOUTH FLORIDA</i>		2. Telephone <i>(786) 281-6616</i>	
3. Name of Treasurer or Deputy Treasurer <i>PAOLA BARRIOS</i>		4. Email (optional)	
		5. Telephone (optional) <i>(786) 281-6616</i>	
6. Mailing Address <i>10580 NW 27 ST. BLDG. F, SUITE 101 - MIAMI, FL. 33172</i>			
7. Street Address <i>10580 NW 27 ST. BLDG. F, SUITE 101 - MIAMI, FL. 33172</i>			
8. The following bank has been designated as the		<input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository	
9. Name of Bank <i>BB&T</i>		10. Street Address <i>8701 SW 137 AVENUE</i>	
11. City <i>MIAMI</i>		12. State <i>FL.</i>	13. Zip Code <i>33183</i>
14. Signature of Chairman <i>[Signature]</i>		15. Name of Chairman (Print or Type) <i>CHRISTIAN CEVALLOS</i>	

Campaign Treasurer's Acceptance of Appointment

I, *PAOLA BARRIOS*, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for *FOR A BETTER SOUTH FLORIDA*
(Committee)

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.

02/28/2020

Date

[Signature]

Signature of Campaign Treasurer or Deputy Treasurer

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

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ELECTRICALS

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

Registered Agent and Office Information

Name PAOLA BARRIOS Telephone 786-281-1666

Street Address 10580 NW 27 ST. - BLDG. F, SUITE 101

City MIAMI State FL. Zip Code 33172

Mailing Address 10580 NW 27 ST. - BLDG. F, SUITE 101

City MIAMI State FL. Zip Code 33172

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.

Paul Barrion
Signature of Registered Agent

02/28/2020
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
FOR A BETTER SOUTH FLORIDA

Street Address 10580 NW 27 ST. - BLDG. F, SUITE 101 Telephone 786-281-6616

City MIAMI State FL. Zip Code 33172

CHRISTIAN CEVALLOS

Signature of Chairperson

CHRISTIAN CEVALLOS

02/28/2020

Printed Name of Chairperson

Date



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

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Candidate/Chairperson:

MIAMI-DADE ELECTIONS

CHRISTIAN

E.

CEVALLOS

First Name

Middle Name

Last Name

FOR A BETTER SOUTH FLORIDA

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: [Signature] Candidate / Chairperson Signature

Date:

Primary Telephone Number: 786-281-6616

Alternate Telephone Number:

E-mail address: CHRISCEVALLOS@OUTLOOK.COM

Reset Form

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



- Candidate (office sought): _____
Candidate's Florida Voter Registration Number: _____
- Political Committee: FOR A BETTER SOUTH FLORIDA
- Party Executive Committee: _____
- Other: _____
I, CHRISTIAN CEVALLOS

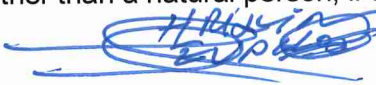
(Please print name of Candidate or Chairperson)

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 Vote by Mail Campaign Report ([MD-ED 26](#)) to disclose the names of paid campaign workers engaged in vote by mail ballot activities, if applicable.

Additionally, I understand that, in accordance with Sections 12-14.2 and 12-14.2.1 of the Code of Miami-Dade County, Florida, Miami-Dade County Elected Officers and 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 Reporting of Solicitation of Contributions for Political Committees, Electioneering Communications Organizations, 501(c)(4) Organizations and Political Parties ([MD-ED 28](#)) to publicly disclose when they commence solicitation activities for Political Committees, Electioneering Communications Organizations, Political Parties, and/or 501(c)4 organizations, if applicable.

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, if applicable.



Signature of Candidate or Chairperson

02/28/2020

Date

Day Time Telephone Number: (786) 281-6616

Alternate Contact Number: _____

Email Address: @CHRISCEVALLOS@OUTLOOK.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.