STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

Supporting or opposing any candidate, issue, or political party and which accepts contributions or makes expenditures during a calendar year in an aggregate amount in excess of \$500. (Section 106.03, Florida Statutes)

(PLEASE TYPE)

| | (| | | | | |
|---|--|---------------------------------------|--|--|--|--|
| 1. Full Name of Committee | | Date | | | | |
| Business For | AC, (NC 2/18/04 | | | | | |
| Mailing Address (if post office box | or drawer, please add street address) | Telephone | | | | |
| 150 w. FLASTET Switte 1820 (305) | | | | | | |
| City | Mixmi DAde st | Zip Code 33130 | | | | |
| 2. Affiliated or Connected Orga | nizations (includes other committees of continuou | s existence and political committees) | | | | |
| Name of Affiliated or Connected Organization | Mailing Address | Relationship | | | | |
| | | | | | | |
| pla | | | | | | |
| | | | | | | |
| 3. Area, Scope and Jurisdiction | of the Committee | 0.0 | | | | |
| Committee is & | ORSANIZED TO SUPPORT O | r offose | | | | |
| | | | | | | |
| 1550E ONLY | CAMPAIGNS IN MIAN | winds cond. | | | | |
| 4. Nature of Organization or Org | ganization's Special Interest (e.g., medical, legal, e | ducation, etc.) | | | | |
| VARIOUS. PRIMARY FOCUS IS ECONOMIC DEVELOPMENT | | | | | | |
| And Responsible sweenment in Mirani-Dade | | | | | | |
| HVG KOZKONZI | DIE PROKOLIEIT IN 1 | 011/40111- 00000 | | | | |
| | | | | | | |
| 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 | | | | |
| MARIO | 150 w. Flayler | Prosident & | | | | |
| ARTECONO | # 1820 | | | | | |
| | | Chairman | | | | |
| | SOOF LEB 18 ANTI: 15 | | | | | |
| | | | | | | |

(continued on reverse side)

DS-DE 5 (Rev. 02/97)

| 6. List by Name Address and Position Other Principal Officers Including Officers and Position Officers | | | | | |
|---|--|------------------------|---------------------|-----------------------------|--|
| 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 | |
| mario ARTECONO | 150 W. FLASI | 150 w. FLASIEr # 1820 | | Chairmant | |
| | Wirewir Pb | WIAWI , AG 33130 | | TREASURER | |
| | | | | | |
| 7. List by Name, Address, C Supporting | Office Sought and Party Affiliation | n Each Candidate or Ot | her Individual that | this Committee is | |
| Full Name | Mailing Address | Office | Sought | Party | |
| p(a | | | | | |
| 8. List Any Issues this Com | mittee is Supporting: A、୧೪೧೧T | -Amoun 100 | nerga ship | ratus hond > | |
| List Any Issues this Com | | Hollion 11 / 3 | Helah Only | HIN DOIG | |
| 9. If this Committee is Supp | orting the Entire Ticket of a Party | , Give Name of Party | | | |
| Na | | John St. J. | W . | | |
| 10. In the Event of Dissoluti | on, What Disposition will be Mad | e of Residual Funds? | £ | | |
| ReTURN T | & CONTRIBUTORS | - PRO-Rat | | • • | |
| 11. List all Banks, Safety De | posit Boxes, or Other Depositoric | es Used for Committee | Funds | | |
| Name of Bank or Dep | ame of Bank or Depository & Account Number Mailing Address | | | | |
| TOTAL BANK | | 21 WEST FLASTER ST. | | | |
| 0715425206 | | Mirami, fl 33130 | | | |
| 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 M | ailing Address | |
| | | | | | |
| STATE OF FLORICE MIRMI-Dade COUNTY | | | | | |
| 1, MARIO J. ARTECONO | | | | | |
| certify that the information in this Statement of Organization is complete, true and correct. | | | | | |
| Signature of Chairman of Political Committee | | | | | |

STATE OF FLORIDA **CHECK APPROPRIATE BOX** APPOINTMENT OF CAMPAIGN TREASURER Original Appointment AND DESIGNATION OF CAMPAIGN DEPOSITORY **Deputy Treasurer** FOR POLITICAL COMMITTEE Reappointment of Treasurer (Section 106.021(1), F.S.) Secondary Depository (PLEASE TYPE) 1. Committee Name 2. Mailing Address 150 W. FLASIER STREET Business For Sood Jovennent 1870 SUITE PAC, INC. 5. State Telephone (optional) 6. Zip Code (35) 347·5423 MIAMI. DAde 33*1*30 Campaign Treasurer Deputy Treasurer The following person has been appointed to serve as for the above named committee 8. Street Address 150 W. FLASIER STREET #1820 7. Name of Treasurer or Deputy Treasurer MARIO ARTECONO MiAMI FL. 9. City 10. County 11. State 12. Zip Code Mitmi-DADE MIRMI 7313 O Primary Depository Secondary Depository I have designated the following named bank as my 14. Street Address 13. Bank Name (include account number) an w. flagler street TOTAL BANK 15. City 17. State 18. Zip Code i M i M iMiAMI-DAde 20. Signature of Chairman 19. Name of Chairman MARIO J. ARTECONO Campaign Treasurer's Acceptance of Appointment 1ARio , do hereby accept the appointment as (Please Print or Type) Deputy Treasurer for the Business FOR Sock South PAC, INC Campaign Treasurer MIAMI-DADE County, Florida, I am Committee. As a duly registered voter in qualified to accept this appointment. 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 SI:01MA 6- MAL 4003 Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

Supporting or opposing any candidate, issue, or political party and which accepts contributions or makes expenditures during a calendar year in an aggregate amount in excess of \$500. (Section 106.03, Florida Statutes)

(PLEASE TYPE)

| | (| | | | | |
|---|---|---------------------------------------|--|--|--|--|
| 1. Full Name of Committee BUSINESS FOR Sood SOVERNMENT RAC, INC 1808 | | | | | | |
| Mailing Address (if post office box or drawer, please add street address) Telephone | | | | | | |
| 150 W. FLASIER ST. SUITE 1820 (305)347.5423 | | | | | | |
| City | County Sta | FL Zip Code 33130 | | | | |
| 2. Affiliated or Connected Orga | nizations (includes other committees of continuous | s existence and political committees) | | | | |
| Name of Affiliated or Connected Organization | Mailing Address | Relationship | | | | |
| NIA | | | | | | |
| (4) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 3. Area, Scope and Jurisdiction | of the Committee | ppose 1550e | | | | |
| Commillee 15 01 | 25 Anized to Support or C | NATY. | | | | |
| only campaign | IS IN MIAMI-DADE CI | wild. | | | | |
| | | | | | | |
| | ganization's Special Interest (e.g., medical, legal, ed | | | | | |
| MARIONS PR | IMARY FOCUS IN ECON | nomic Development | | | | |
| VARIOUS. PRIMARY FOCUS IN ECONOMIC DEVELOPMENT AND RESPONSIBLE SOVERNMENT IN MIAMI-DADE. | | | | | | |
| HVG KEZIO | 121016 Poacklinking | | | | | |
| | | | | | | |
| | | | | | | |
| 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 | | | | |
| MARIO ARTECONO | 150 W. FLANCE 5T. | Dan Lanta | | | | |
| | ZUITE 1820 | Preside Mt | | | | |
| | minmi, 61 33130 | Chairman | | | | |
| ETRO DACC COUSTY | | | | | | |
| 21:ULMA K-NACM | 07 | | | | | |
| DS-DE 5 (Rev. 02/97) | | (continued on reverse side) | | | | |

GIAIOIW

| 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 Addr | ress | Committee Title or Position | | |
| MARIO ARTECUTIC | 150 W. FLASIE SUTE 1820 MIAMI, fl 3 | 0 | Chairman & treasurer | | |
| | , , | | | | |
| 7. List by Name, Address, Off Supporting | ice Sought and Party Affiliation | Each Candidate or Othe | r Individual that t | this Committee is | |
| Full Name | Mailing Address | Office Se | ought | Party | |
| N/A | | | | | |
| 8. List Any Issues this Comm | ittee is Supporting: Seneral | NOITABILLO 1 | bond, cf | reation of | |
| List Any Issues this Comm | ittee is Opposing: | l obligation ! PORT AUTHORIT | .A. , | , | |
| 9. If this Committee is Suppor | rting the Entire Ticket of a Party, | , Give Name of Party | | | |
| N/A | | | | | |
| | n, What Disposition will be Made | | | | |
| RETURN | TO CONTRIBUTOR | 25. | | | |
| 11. List all Banks, Safety Dep | osit Boxes, or Other Depositorie | s Used for Committee F | unds | | |
| Name of Bank or Depos | sitory & Account Number | | Mailing Address | | |
| TOTAL BANK | < | (Deap) | | | |
| | | 21 WEST FL | th/16L 21 | ۲. | |
| | | MIAMI, FL 33130 | | | |
| 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 Of | fficial M | failing Address | |
| | | | | | |
| STATE OF TLORIDA MIAMI - DADE COUNTY | | | | | |
| MARIO J. ARTECONO | | | | | |
| certify that the information in this Statement of Organization is complete, true and correct. | | | | | |
| | SI:01MA 6- MAC 40 | Signature of Cha | arman of Political | Committee | |
| CI OLMS O Was 1992 Signature of Community | | | | | |