ELECTIONEERING COMMUNICATION STATEMENT OF ORGANIZATION

(PLEASE TYPE)

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TLECTIONS DECUMTY

OFFICE USE ONLY

1. Full Name of Organization	Telephone							
Common Sense Now!	305-442-2200							
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				
		7260 S.W. 8th Stre Miami, FL 33144	et					
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			
Joaquin Urquiola, CPA	Suite 1100		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. 								

(continued on reverse)

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 Urquiola, CPA	2121 Ponce de Leon Blvd Suite 1100 Coral Gables, FL 33134	2121 Ponce de Leon Blvd Suite 1100 Coral Gables, FL 33134	Treasurer				
			NS DAD				
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 o	r 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							
STATE OF		Miami-Dade COUNTY					
I, <u>Miguel Inda-Romero</u> , certify that the information in this Statement of Organization is complete, true, and correct.							
X <u>10-14-2011</u> Signature of Top-ranking Principal Officer of Organization Date							

Form DS-DE 103 (Rev. 08/10) – page 2 of 2 Note: If necessary, continuation sheets should be used to complete the form.