## STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

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(PL	EASE ITPE)		The second secon	AMITUAUE _ECTIONS		
1. Full Name of Committee				Telephone		
1896 Political Action Committee (1/896 PAC)				305-301-3005		
Mailing Address (include city, state and zip code) 13030 North Calusa Club			# <b>#3</b>			
13030 NOE	th Calusa Club	IJKI	VE			
MiAmi, FL,	33186-4560					
Street Address (include city,	state and zip code)					
SAME						
`						
Affiliated or Connected Or committees)	rganizations (includes other committe	es of con	tinuous exis	stence and political		
Name of Affiliated or Connected Organization	Mailing Address			Relationship		
N/A	N/A		N/A			
IV/A	IN/A		IN/A			
3. Area, Scope and Jurisdict	3. Area, Scope and Jurisdiction of the Committee					
Citizen petition initiative in	Miami-Dade County.					
4. Nature of Organization or	Organization's Special Interest (e.g., r	nedical, l	egal, educat	ion, etc.)		
Comprehensive Charter	reform in Miami-Dade County		-			
5. Identify by Name, Address	and Position, the Custodian of Book	s and Acc	counts (inclu	ıde treasurer's name)		
Full Name	Mailing Address		Comm	ittee Title or Position		
Joaquin Urqiuola	2121 Ponce De Leon Blvd, 11th Coral Gables, FL 33134	Flr	Treasurer	•		

	s and Position, Other Principal ( Any (include chairman's name		micers and Mem	bers of the	
Full Name	Mailing Add	ress	Committee Title or Position		
Lawrence Percival  Michael Rosenberg	11945 SW 127 MiAmi, FL 3	Chairman  FL 33186-4560  JORTH Calusa Club Nice-Chairman  FL 33186-4560			
Wildraci Tioscriborg	13030 NOEL	33186 4560	320	Ŧ	
	s, Office Sought and Party Affiling (if none, please indicate)	ation Each Candidat	e or Other Indivi	dual that this	
Full Name	Mailing Address	Office	Sought	Party	
N/A	N/A	N/A		N/A	
8. List Any Issues this C	ommittee is Supporting: Comp	rehensive Charter	Reform in Mia	mi-Dade County	
List Any Issues this C	ommittee is Opposing:	A			
9. If this Committee is Su	pporting the Entire Ticket of a	Party, Give Name of	ATKAN	2 3	
N/A		2	Contraction of the contraction o		
10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?					
Returned to contribute	or pro-rata or donated to 50°	rc(3) chantable org	ganization.	4.	
	Deposit Boxes, or Other Depos	sitories Used for Cor			
Name of Bank or De	pository & Account Number		Mailing Address	6 01 1	
	pository & Account Number	itories Used for Cor	Mailing Address	a Stant	
Name of Bank or De	pository & Account Number		Mailing Address	a Stant	
Name of Bank or De	pository & Account Number		Mailing Address	en Stant	
Name of Bank or Dep Total Bank	oository & Account Number	13400 S	Mailing Address い / こん	-	
Name of Bank or Department of Bank  12. List all Reports Requ	oository & Account Number	13400 S	Mailing Address	-	
Name of Bank or Del Total Bank  12. List all Reports Requand Positions of Suc	oository & Account Number ired to be Filed by this Committe h Officials, If Any	13400 S tee with Federal Office	Mailing Address	nes, Addresses	
Name of Bank or Del Total Bank  12. List all Reports Requand Positions of Suc	oository & Account Number ired to be Filed by this Committe h Officials, If Any	13400 S tee with Federal Office	Mailing Address	nes, Addresses	
Name of Bank or Dep  Total Bank  12. List all Reports Requand Positions of Suc  Report Title	oository & Account Number ired to be Filed by this Committe h Officials, If Any	13400 S tee with Federal Office Name & Position of	Mailing Address  Cials and the Nat	mes, Addresses ailing Address	
Name of Bank or Del Total Bank  12. List all Reports Requand Positions of Suc	oository & Account Number ired to be Filed by this Committe h Officials, If Any	13400 S tee with Federal Office	Mailing Address  Cials and the Nat	nes, Addresses	
Name of Bank or Dep  Total Bank  12. List all Reports Requand Positions of Suc  Report Title	oository & Account Number ired to be Filed by this Committe h Officials, If Any	13400 S tee with Federal Office Name & Position of	Mailing Address  A A A A A A A A A A A A A A A A A A	mes, Addresses ailing Address  COUNTY	
Name of Bank or Dep  Total Bank  12. List all Reports Requested and Positions of Successions of Successions and Positions of Successions of S	ired to be Filed by this Committee of the Dates Required to be Filed	13400 S  tee with Federal Office  Name & Position of  Miami-Da	Mailing Address  A A A A A A A A A A A A A A A A A A	mes, Addresses ailing Address  COUNTY	
Name of Bank or Dep  Total Bank  12. List all Reports Requested and Positions of Successions of Successions of Successions Property Title  STATE OF Florida  1. Lawrence Percival	ired to be Filed by this Committee of the Dates Required to be Filed	13400 S  tee with Federal Office  Name & Position of  Miami-Da	Mailing Address  A A A A A A A A A A A A A A A A A A	mes, Addresses ailing Address  COUNTY	

### APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR

**POLITICAL COMMITTEES** 

(Sections 106.011(1) and 106.021(1), F.S.)

DS-DE 6 (Rev. 7/10)

RECEIVED

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MIAMI-DADE ELECTIONS

CHECK APPROPRIATE BOX:				OFFICE USE ONLY
Original Appointment of Treasurer	] Reappoi	ntment of Treasurer	acceptance of the second	Deputy Treasurer
1. Committee or Organization		:	2. Telephone	
1896 Political Action Committee 1 189	16 PAC	,,	(305 ) 442-	6323
Name of Treasurer or Deputy Treasurer	nail (optional	)	5. Telephone (d	optional)
Joaquin Urquiola			(305 ) 442-	6323
6. Mailing Address 2121 Ponce de Leon Blvd, 11th Floor, C	oral Gab	les, FL 33134		
7. Street Address				
SAME				
8. The following bank has been designated as the	X Pri	mary Depository	Seconda	ry Depository
9. Name of Bank TOTAL BANK		10. Street Address / 3450	Sw. la	20th Street
11. City MIAMI,		12. State	on Da	13. Zip Code 33/84
14. Signature of Chairman  X Awwers Period		15. Name of Chair Lawrence Pe		е)
Campaign Treasu	rer's Ac	ceptance of A	ppointment	
I, Joaquin Urquiola (Please Print or Typ.	pe)		, do hereb	by accept the appointment as
treasurer or deputy treasurer for 1896 Polit	tical Actio	on Committee	4 1896 Pi	4c".
	(	Committee or Organiza	ation)	
UNDER PENALTIES OF PERJURY, I DECLARE ACCEPTANCE OF APPOINTM	E THAT I HA	AVE READ THE FOR	REGOING CAMP STATED ARE TR	PAIGN TREASURER'S RUE.
1-21-2011	X			
Date	***************************************	Signature of Campa	ian Treasurer or I	Denuty Treasurer

## REGISTERED AGENT STATEMENT OF APPOINTMENT

(Section 106.022, F.S.)

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		_		
✓ Original Appointment Change of Appointment		MIAMI-DADE ELECTIONS		
Change of Mailing Address Change of Physic		قيب گيس	San V	
		Office Informati	on	
Name Lawrence Percival	· · · · · · · · · · · · · · · · · · ·		Telephone 305-301-3005	
Street Address /1945 5W.127	L Cour	<u></u>	<u> </u>	
City Miami	State		Zip Code 33186-4560	
	L Cou	ET		
Mailing Address //945 5W /27*  City M, Ami	State /	seila	Zip Code 33/86-4560	
I accept this appointment and confirm that I am forth in Section 106.022, F.S. I also understand statement of resignation and filing it with the Divisional Signature of Registered Agent	d that I may	resign this appoi	ntment by executing a written	
Former Registered Agent a	nd Office	Information (fo	or changes only)	
Name			Telephone	
Street Address				
City	State		Zip Code	
Committee or	Organiza	tion Informatio	n	
Name of Committee or Organization 1896 Political Action Committee (1/896)	Ac "			
Street Address 13030 North Calusa	CLub	Drive	Telephone Cell 305439-3571	
City MiAMi	State /	· ()	Zip Code 33186-4560	
Committee or organization is registered with:				
Division of Elections	Dade	Cit	У	
Signature of Chairperson  Lawrence Percival  Print Name of Chairperson	Pue		1	

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



☐ Candidate (office sought):	
Political Committee: 1896 Political Action Committee	<u>0</u>
□ Party Executive Committee:	
☐ Other:	2011.
	JAN 26
I, LAWRENCE G. PERCIVAL (Please print name of Candidate or Chairperson)	<u> </u>
understand that Campaign Treasurer's Reports must be filed electronically in or comply comply with the Miami-Dade County requirements.	ë to
Additionally, a hard copy of the Campaign Treasurer's Reports must be printed from Miami-Dade County Elections Department website and submitted by the replaced deadline with original signatures.	
AHB 1/24/201	<u>'/_</u>
Signature of Candidate or Chairperson Date	
Day Time Telephone No: $305386-2477/305301-300$ .	5
Email Address: LPDCAINC @ Bellsouth	

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.

# Receipt of Handbook and the Election Laws of the State of Florida



Candidate/Chairperson:					
LAWRENCE First Name	G.		PERC	IVAL	
First Name	Middle Na	me	Las	t Name	•
1896 Political	Action	N Comm	ttee	"1896 PAC"	<i>,</i>
Office S	Sought / Or	ganization			
This is to acknowledge my receipt of the	following	documents:			
	_	•			
Handbooks Available	Edition	Downloaded from Internet	CD-Rom	Other	
The Election Laws of the State of Florida					
Miami-Dade County Qualifying Handbook					***************************************
Committee Handbook					
Electioneering Committee Handbook					
	1	1	·	ı	
Received by:				20	
Ca	ndidate/Ch	nairperson Sig	nature		J Ti
Date: //26/2011				S 8	
Phone No.: <u>305-301-300</u> 5	Fax	No.:	Vor e	7 PM	
F-mail address: LPOCAINC	Q Be	Plante	ant		