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

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

## RECEIVED

2011 FEB 28 PM 12: 11

MIANI-DADE COUNTY ELECTIONS DEPARTMENT

| CHECK APPROPRIATE BOX:   |                     |                         | OFFICE USE ONLY             |  |  |  |  |
|--|---------------------|-------------------------|-----------------------------|--|--|--|--|
| Original Appointment of Treasurer Reappoin   | ntment of Treasurer |                         | Deputy Treasurer            |  |  |  |  |
| 1. Committee or Organization   |                     | 2. Telephone            |                             |  |  |  |  |
| 1896 Political Action Committee "1896 PAC"   |                     | (305 ) 442-2200         |                             |  |  |  |  |
| Name of Treasurer or Deputy Treasurer  |                     | 5. Telephone (optional) |                             |  |  |  |  |
| Joaquin Urquiola   | (305 ) 442-2200     |                         |                             |  |  |  |  |
| 6. Mailing Address<br>2121 Ponce de Leon Blvd, Suite 11  | 00, Coral C         | Bables, FL              | _ 33134                     |  |  |  |  |
| 7. Street Address  |                     |                         |                             |  |  |  |  |
| same as above  |                     |                         |                             |  |  |  |  |
| 8. The following bank has been designated as the X Primary Depository Secondary Depository   |                     |                         |                             |  |  |  |  |
| 9. Name of Bank  |                     |                         |                             |  |  |  |  |
| Bank Atlantic  | V 152 Street        |                         |                             |  |  |  |  |
| 11. City   | 12. State           |                         | 13. Zip Code                |  |  |  |  |
| Miami  | FL                  |                         | 33177                       |  |  |  |  |
| 14. Signature of Chairman  | man (Print or Type) |                         |                             |  |  |  |  |
| X / Annuel / Receval Lawrence Percival   |                     |                         |                             |  |  |  |  |
| Campaign Treasurer's Acceptance of Appointment  Jonguin URGuio   |                     |                         |                             |  |  |  |  |
| (Please Print or Type)   |                     | , do hereb              | y accept the appointment as |  |  |  |  |
| treasurer or deputy treasurer for 1896 Political Action Committee "1896 PAC"   |                     |                         |                             |  |  |  |  |
| (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. |                     |                         |                             |  |  |  |  |
| 2/24/11 X  |                     | -                       |                             |  |  |  |  |
| Date Signature of Campaign Treasurer or Deputy Treasurer   |                     |                         |                             |  |  |  |  |

## STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

REC OFFICEUSE ONLY

2011 FEB 28 PH 12: 1 1

MIAMI-DADE COUNTY FLECTIONS DEPARTMENT

|   | ELECTIONS DEPARTMENT                                     |                      |                                  |  |  |  |  |
|---|--|----------------------|----------------------------------|--|--|--|--|
| 1. Full Name of Committee   |  |                      | Telephone                        |  |  |  |  |
| 1896 Political Action Committee "1896 PAC"  |  |                      | 305-301-3005                     |  |  |  |  |
| Mailing Address (include cit  | y, state and zip code)                                   |                      |                                  |  |  |  |  |
| 13030 North Calusa C<br>Miami, FL 33186-456   |  |                      |                                  |  |  |  |  |
| Street Address (include city, same as above   | state and zip code)                                      |                      |                                  |  |  |  |  |
| 2. Affiliated or Connected Or committees)   | rganizations (includes other committee                   | s of conti           | nuous existence and political    |  |  |  |  |
| Name of Affiliated or<br>Connected Organization   | Mailing Address  | Address Relationship |                                  |  |  |  |  |
| N/A   | N/A  | 1                    | N/A                              |  |  |  |  |
|   |  |                      |                                  |  |  |  |  |
| 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., m                 | edical, le           | gal, education, etc.)            |  |  |  |  |
| Comprehensive Charter   | reform in Miami-Dade County                              | <u>.</u>             |                                  |  |  |  |  |
| 5. Identify by Name, Address  | and Position, the Custodian of Books                     | and Acco             | ounts (include treasurer's name) |  |  |  |  |
| Full Name   | Mailing Address  |                      | Committee Title or Position      |  |  |  |  |
| Joaquin Urquiola  | 2121 Ponce de Leon Blvd, #1100<br>Coral Gables, FL 33134 |                      | 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 |         |                |             |  |
| Lawrence Percival  |       | 11945 SW 127th Ct, Miami, FL 33186        |                     | Chairman                    |         |                |             |  |
| Michael Rosenberg  |       | 13030 N. Calusa Club Dr., Miami, FL 33186 |                     | Vice-Chairman               |         |                |             |  |
| 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                           | Sought Party        |                             |         |                |             |  |
| N/A  | N/    | A N/A                                     |                     | N/A                         |         |                |             |  |
| 8. List Any Issues this Committee is Supporting: Comprehensive Charter Reform in Miami-Dade County List Any Issues this Committee is Opposing: N/A                 |       |   |                     |                             |         |                |             |  |
| 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?  Returned to contributor pro-rata or donated to 501c(3) charitable organization. |       |   |                     |                             |         |                |             |  |
| 11. List all Banks, Safety   | Del   | oosit Boxes, or Other Depos               | itories Used for Co | mmittee l                   | Funds   |                | OLITA STATE |  |
| Name of Bank or De   | posit | ory & Account Number                      |                     | Mailing A                   | Address | ARUS S         | ŢŦŢ         |  |
| BankAtlantic   |       | 13731 SW 152<br>Miami, FL 3317            |                     |                             | MAN IN  |                |             |  |
| 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 o   | f Official                  | М       | ailing Address |             |  |
|  |       |   |                     |                             |         |                |             |  |
| STATE OF Florida Miami-Dade COUNTY   |       |   |                     |                             | ITY     |                |             |  |
| I. Lawrence Percival , certify that the information in this Statement of   |       |   |                     |                             |         |                |             |  |
| Organization is complete, true and correct.  X Signature of Chairman of Political Committee  2/2//Z0// Date  |       |   |                     |                             |         |                |             |  |