

# ELECTIONEERING COMMUNICATION STATEMENT OF ORGANIZATION

(PLEASE TYPE)

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OFFICE OF THE CITY CLERK  
CITY OF MIAMI, FL

OFFICE USE ONLY

<b>1. Full Name of Organization</b>		Telephone	
People for Better Communities		305-751-7091	
Mailing Address (include city, state and zip code)			
265 NE 87 Terrace Miami, Florida 33138			
Street Address (include city, state and zip code)			
265 NE 82 Terrace Miami, Florida 33138			
<b>2. Affiliated or Connected Organizations</b>			
Name of Affiliated or Connected Organization	Mailing Address	Relationship	
NONE	NONE	NONE	
<b>3. Area, Scope and Jurisdiction of the Organization</b>			
City of Miami, Florida, Miami-Dade County Local Elections			
<b>4. Identify by Name, Address and Position, the Custodian of Books and Accounts for the Organization</b>			
Full Name	Mailing Address	Street Address	Title or Position
Vivian Webster	265 NE 82 Terrace Miami, Florida		Treasurer Custodian of Books and Accounts

**5. List by Name, Mailing and Street Address, and 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
Marshall M. Thomas	825 NW 60 Street Miami, Florida 33127		Chairperson
Vivian Webster	265 NE 82 Terrace Miami, Florida 33138		Treasurer

**6. In the Event of Dissolution, What Disposition will be Made of the Residual Funds?**

Donation to 501(c)(3) not-for-profit organizations

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**7. List All Banks, Safety Deposit Boxes, or Other Depositories Used by this Organization for Electioneering Communications**

Name of Bank or Depository	Mailing Address
Wells Fargo Bank	9899 NE 2 Avenue Miami, Florida 33138

**8. List All Reports Required to be Filed by this Organization 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
None	N/A	N/A	N/A

FLORIDA STATE OF MIAMI-DADE COUNTY

I, Marshall M. Thomas, certify that the information in this Statement of Organization is complete, true, and correct.

X  Signature of Top-ranking Principal Officer of Organization  
9/5/13 Date

**REGISTERED AGENT  
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

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

**Registered Agent and Office Information**

Name Valeria Bland Thomas		Telephone 305-835-6784
Street Address 1101 NW 74 St.		
City Miami	State FL	Zip Code 33150
Mailing Address		
City	State	Zip Code

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.

  
Signature of Registered Agent

9/5/13  
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 People for Better Communities		
Street Address 265 NE 82 Terrace		Telephone 305-751-7091
City Miami	State FL	Zip Code 33138

  
Signature of Chairperson

Marshall M. Thomas  
Printed Name of Chairperson

September 5, 2013  
Date