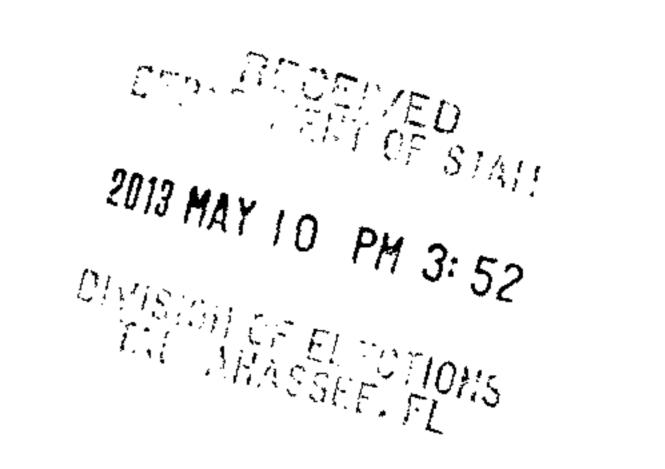
ELECTIONEERING COMMUNICATION STATEMENT OF ORGANIZATION

(PLEASE TYPE)



OFFICE USE ONLY

| 1. Full Name of Organization | | | Telephone | | | |
|---|---|--|-------------------|--|--|--|
| A Better Maimi Beach | | | (850) 567-4878 | | | |
| Mailing Address (include city, s | tate and zip code) | | | | | |
| Post Office Box 1701, Tallahassee | FL 32302-1701 | | | | | |
| Street Address (include city, sta | ate and zip code) | | | | | |
| 2618, Centennial Place, Tallahasse | e, FL 32308 | | | | | |
| 2. Affiliated or Connected O | ganizations | | | | | |
| Name of Affiliated or Connected Organization | Mailing Ad | dress | Relationship | | | |
| None | | | | | | |
| 3. Area, Scope and Jurisdict State and local races affecting the C | - | | | | | |
| ert inves | | | | | | |
| 4. Identify by Name, Address and Position, the Custodian of Books and Accounts for the Organization | | | | | | |
| Full Name | Mailing Address | Street Address | Title or Position | | | |
| Mark Herron | Post Office Box 1701 Tallahassee, FL 32302-1701 | 2618 Centennial Place Tallahassee, FL 32308 | Treasurer | | | |

| Full Name | Mailing Address | Street Address | Title or Position |
|--|---|--|---|
| Aarl Herron | Post Office Box 1701 Tallahassee, FL 32302-1701 | 2618 Centennial Place Tallahassee, FL 32308 | Chair & Treasurer |
| | | | |
| | | | |
| | olution, What Disposition will be | Made of the Residual Funds | s? |
| esidual funds will be distrit | buted to an IRC 527 organization. | | |
| | | | |
| 7 Liet ΔII Ranks Safet | y Deposit Boxes, or Other Depo | eitoriae Head by this Organi | ization for Flectioneering |
| Communications | | - | |
| Name of B | ank or Depository | Mailing Address | |
| The state of the s | · · | l 2522 Thomacvilla Doad. Tallaha | 10000 FT 32300 |
| Sun trust Dank | | 3522 Thomasville Road, Tallaha | issee, FL 32309 |
| - | uired to be Filed by this Organiz itions of Such Officials, If Any | | |
| 8. List All Reports Req | | | |
| 8. List All Reports Req Addresses, and Pos Report Title | itions of Such Officials, If Any | zation with Federal Officials, | and the Names, |
| 8. List All Reports Req Addresses, and Pos Report Title | Dates Required to be Filed | zation with Federal Officials, Name & Position of Official | and the Names, Mailing Address |
| 8. List All Reports Req Addresses, and Pos Report Title RS 8871 | Dates Required to be Filed | Name & Position of Official IRS | and the Names, Mailing Address Ogden, UT 84201 |
| 8. List All Reports Req Addresses, and Pos Report Title IRS 8871 STATE OF Mark Heron I, | Dates Required to be Filed | Rame & Position of Official IRS Leon , certify that the inform | and the Names, Mailing Address Ogden, UT 84201 COUNTY |