## STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

2023 NOV -6 PM 3: 27

CITY OF MIAMI

1	Full	Name of	Committee
	ı un	Ivallie Ol	Committee

Miami Residents say YES for Watson Island, Inc.

Telephone (305) 445-0777

Mailing Address (include city, state and zip code)

2600 South Douglas Road, Suite 900

Coral Gables, Florida 33134

Street Address (include city, state and zip code)

2600 South Douglas Road, Suite 900

Coral Gables, Florida 33134

2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

Name of Affiliated or Connected Organization	Mailing Address	Relationship
N/A		
		<u> </u>
		*

## 3. Area, Scope and Jurisdiction of the Committee

City of Miami ballot issues

4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)

## Government

5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)

Full Name	Mailing Address	Committee Title or Position			
Jose A. Riesco, CPA	2600 South Douglas Road, Suite 900 Coral Gables, Florida 33134	Treasurer			
Jeannine R. Miranda	2600 South Douglas Road, Suite 900 Coral Gables, Florida 33134	Deputy Treasurer			
Jennifer Estime	17th Northeast 4th Street Fort Lauderdale, Florida 33301	Deputy Treasurer			

6. List by Name, Address	s and Position, Other Principal	Officers, Including C	Officers (	and Mem	hers of	f the					
Finance Committee, If	Any (include chairman's name)	9)		The state of the s	w. Temper						
Joshua Babbitt	Full Name Mailing Add  ua Babbitt 819 Northeast 2nd Ave Fort Lauderdale, Florid			Committee Title or Position Chairperson			n				
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	Office	Sought		-7	Party					
N/A					OF OF THE D	3 NOV -6	TO TO				
8. List Any Issues this Co	ommittee is Supporting: To Be	Determined			IMA!	ć Š	M				
List Any Issues this Co	ommittee is Opposing: To Be	Determined			CLE	3: 28	O				
9. If this Committee is Su N/A	9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party										
Large and the second of the se	lution, What Disposition will be butors or donate to a			)1(c) c	orga	niza	tion				
	Deposit Boxes, or Other Depos			-							
Name of Bank or Dep	pository & Account Number		Mailing	Address							
City National Bank		8311 Bird Road Miami, Florida 33155									
12. List all Reports Requi and Positions of Such	ired to be Filed by this Committ h Officials, If Any	tee with Federal Offic	cials and	the Nan	nes, Ac	Idress	es				
Report Title	Dates Required to be Filed	Name & Position of	Official	Mailing Address							
Form 990 Form 8976	Annual Within 60 days	IRS IRS		Ogden, UT Ogden, UT							
STATE OF FLORID	)A	BROW	ARD			COUN	<b>ITY</b>				
Joshua Babbitt		, certify that the info	formation	in this St	tateme	nt of					
Organization is complete, tr	enue and correct.  Chairman of Political Committee		10/2	9/20E	<u>23</u>		<del>a a a a a a a a a a a a a a a a a a a </del>				