

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

1. Full Name of Committee

Miami Forever

Telephone

(917) 502-2759

Mailing Address (include city, state and zip code)

247 Water Street, Unit 401

Brooklyn, NY 11201

Street Address (include city, state and zip code)

247 Water Street, Unit 401

Brooklyn, NY 11201

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship
None		

3. Area, Scope and Jurisdiction of the Committee

Supports Passage of Miami Forever General Obligation Bond Referendum

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

Sea level rise and flood prevention

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
Matthew Eby	247 Water Street, Unit 401 Brooklyn, NY 11201	Treasurer & Custodian of Books and Accounts

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
Matthew Eby	247 Water Street, Unit 401 Brooklyn, NY 11201	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	Office Sought	Party
None			

8. List Any Issues this Committee is Supporting: Supports Passage of Miami Forever General Obligation
List Any Issues this Committee is Opposing: Bond Referendum

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?
 This political committee will return all residual funds to the donors.

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

Name of Bank or Depository & Account Number	Mailing Address

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 of Official	Mailing Address
None			

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STATE OF New York COUNTY Kings

I, Matthew Eby, certify that the information in this Statement of Organization is complete, true and correct.

X  Signature of Chairman of Political Committee SEPT 25, 2017 Date