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		Telephone			
Yes On Monty's			305-858-9895		
Mailing Address (include city	, state and zip code)				
2550 S. Bayshore Drive, S	Suite 208				
Miami, FL 33133					
Street Address (include city,	state and zip code)				
2550 S. Bayshore Drive, Suite 208					
Miami, FL 33133					
Affiliated or Connected Or committees)	ganizations (includes other committees of cor	tinuous exis	tence and political		
Name of Affiliated or Connected Organization	Mailing Address		Relationship		
N/A					
3. Area, Scope and Jurisdiction of the Committee					
City of Miami - ballot referendu	m				
4. Nature of Organization or	Organization's Special Interest (e.g., medical, I	egal, educati	ion, etc.)		
To gain support relating to the lease extension of Monty's in the Grove.					
To gain support te	lating to the lease extension to	of Worlty	s in the Grove.		
5. Identify by Name, Address	and Position, the Custodian of Books and Ace	counts (inclu	ide treasurer's name)		
Full Name	Mailing Address	Committee Title or Position			
Renae Asher	550 S. Bayshore Drive Chairperson / Tre		on / Treasurer		
	Suite 208				
	Miami, FL 33133				

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 Add	Mailing Address		Committee Title or Position		
Renae Asher	2550 S. Bayshore Drive Suite 208 Miami, FL 33133	(- Application (- Application)		Chairperson / Treasurer		
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	Office Sought Party			
N/A				R 2017 SE		
8. List Any Issues this Co	ommittee is Supporting: Miami B	allot Question that would	d allow the	City to extend the Monty's Lease		
List Any Issues this Committee is Opposing: at 2550 South Bayshore Drive 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? Return to contributors or donate to 501(c) or 527 organization.						
11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds						
Name of Bank or Depository & Account Number			Mailing Address			
The state of the s		2855 S Le Jeune Rd # 100 Coral Gables, FL 33134				
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		
Form 8871	upon formation & at closing	Internal Revenue Service	Э	Ogden, UT 84201		
STATE OF Florida		Miami-Dade COUNTY				
Renae Asher , certify that the information in this Statement of Organization is complete, true and correct.						
X 09/21/17						
Signature of	Date					