STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

2018 JUL 20 AM 10: 41

OFFICE OF THE CITY CLERK

1	Full	Name	of	Comm	ittee
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Yes to a New Jungle Island

Telephone

(305) 445-0777

Mailing Address (include city, state and zip code)

2600 Douglas Road, #900

Coral Gables, FL 33134

Street Address (include city, state and zip code)

2600 Douglas Road, #900

Coral Gables, FL 33134

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

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Name of Affiliated or Connected Organization	Mailing Address	Relationship				
Jungle Island	111 Parrot Jungle Trail Miami, FL 33132	Affiliated				

3. Area, Scope and Jurisdiction of the Committee

Ballot issues in the City of Miami

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

Economic

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

Jose Riesco 2600 Douglas Rd., #900 Treasurer Coral Gables, FL 33134	e Title or Position

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 Addr	ress	Committee Title or Position				
Elie Mimoun	19950 West Country Club Aventura, FL 33180	19950 West Country Club Dr., Ste 800		Chairperson			
Jose Riesco	2600 Douglas Rd., #900 Coral Gables, FL 33134			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	Sought	Party			
N/A				Party DEFISE OF THE			
8. List Any Issues this Co	ommittee is Supporting: _{Jungle}	Island Referendu	m #220	30 3 2			
List Any Issues this Co		Toldrid (Note: Office)		AM 10: 1			
9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party N/A							
	ution, What Disposition will be ributors or donate to a 527 (
11. List all Banks, Safety	Deposit Boxes, or Other Depos	sitories Used for Co	mmittee	Funds			
Name of Bank or Dep	oository & Account Number	Mailing Address					
Regions Bank		3516 Main Highway Coconut Grove FL 33133		3			
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	f Official	Mailing Address			
IRS 1120-POL	Annual	IRS		Ogden, UT			
IRS 990	Annual	IRS		Ogden, UT			
STATE OF Florida Miami-Dade COUNT							
[, Elie Mimoun , certify that the information in this Statement of							
Organization is complete, true and correct.							
Signature of Chairman of Political Committee 720 (8 Date							