STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

1. Full Name of Committee

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OFF WE OF THE CITY CLERK

Telephone

Save Our Green Space, Inc. a Flor		(305) 456-2777				
Mailing Address (include city	r, state and zip code)					
28 West Flagler Street, Suite 1200 Miami, Florida 33130						
Street Address (include city,	state and zip code)					
Affiliated or Connected Or committees)	ganizations (includes other committees of con	itinuous exi	stence and political			
Name of Affiliated or Connected Organization	Mailing Address		Relationship			
NONE						
3. Area, Scope and Jurisdiction of the Committee The City of Miami, Florida						
4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)						
To promote public policy to preserv	re and enhance public parks and municipal golf courses	s located in th	e City of Miami			
5. Identify by Name, Address	and Position, the Custodian of Books and Ac	counts (inc	lude treasurer's name)			
Full Name	Mailing Address	Committee Title or Position				
Lawrence Tornek	3455 S. Moorings Way Miami, Florida 33133	Treasurer				
David J. Winker	2222 SW 17th Street Miami, Florida 33145	Asst. Treasurer				

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	Mailing Address		Committee Title or Position		
Randy A. Bryant Robert Burlington	Miami, Florida 33130	2601 S. Bayshore Drive, Penthouse 1		Chairman/President Secretary		
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	ce Sought			
NONE				CEIVED -9 PM 12 FIRE CITY OF		
8. List Any Issues this Committee is Supporting: Opposition to Referendum to Amend Charter by Build a						
List Any Issues this Committee is Opposing: Soccer Stadium and Commercial Development at Melreese Golf Course						
9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party NA						
10. In the Event of Dissolution, What Disposition will be Made of Residual Funds? Distribute to the City of Miami or Section 501(c)(3) or (4) organization to promote and protect public golf courses						
11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds						
Name of Bank or Depository & Account Number		Mailing Address				
BB&T		2375 SW 122 Avenue Miami, Florida 33175				
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 o	f Official	Mailing Address		
NONE						
STATE OF FLORIDA MIAMI-DADE COUNTY						
Randy A. Bryant , certify that the information in this Statement of Organization is complete, true and correct. October 4, 2018						
Signature of Charman of Political Committee Date						