

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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2022 AUG 18 AM 10:02

OFFICE OF THE CITY CLERK
CITY OF MIAMI

1. Full Name of Committee

YES FOR OUR DOWNTOWN MIAMI PC

Telephone

305-438-6528

Mailing Address (include city, state and zip code)

2100 SALZEDO STREET, SUITE 200
CORAL GABLES, FL 33134

Street Address (include city, state and zip code)

2100 SALZEDO STREET, SUITE 200
CORAL GABLES, FL 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

3. Area, Scope and Jurisdiction of the Committee

CITY OF MIAMI BALLOT ISSUES, ADVOCATING FOR A LOCAL REFERENDUM IN THE CITY OF MIAMI

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

ANTHONY FIORE, CPA

2100 SALZEDO STREET, SUITE 200
CORAL GABLES, FL 33134

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 Address	Committee Title or Position
PHIL KEB	C/O HRM OWNER LLC, 2700 TIGERTAIL AVE, MIAMI, FL 33133	CHAIRMAN
ANTHONY FIORE, CPA	2100 SALZEDO STREET, SUITE 200 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			

8. List Any Issues this Committee is Supporting: ADVOCATING FOR A LOCAL REFERENDUM IN THE CITY OF MIAMI
List Any Issues this Committee is Opposing: 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?
 ANY DISPOSITION ALLOWED UNDER FLORIDA LAW FOR RESIDUAL FUNDS, INCLUDING CONTRIBUTIONS TO CHARITABLE ORGANIZATIONS

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

Name of Bank or Depository & Account Number	Mailing Address
CITY NATIONAL BANK OF FLORIDA ACCOUNT #: TBD	8311 BIRD ROAD MIAMI, FL 33155

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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
SS4	UPON FORMATION	IRS	OGDEN, UT 84201
FORM 8871	UPON FORMATION	IRS	OGDEN, UT 84201
FORM 1120POL	MARCH 15TH, ANNUALLY	IRS	OGDEN, UT 84201
FORM 990	MAY 15TH, ANNUALLY	IRS	OGDEN, UT 84201

STATE OF FLORIDA MIAMI-DADE COUNTY

I, PHIL KEB, certify that the information in this Statement of

Organization is complete, true and correct.

X



Signature of Chairman of Political Committee

8/17/2022

Date