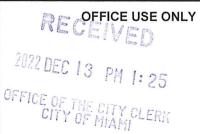
STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)



1. Full Name of Committee		Telephone					
Moving Miami Forward	(305) 529-5440						
Mailing Address (include city, state and zip code)							
2600 Douglas Road, Suite 800 Coral Gables, Florida 33134							
Street Address (include city, state and zip code) 2600 Douglas Road, Suite 800 Coral Gables, Florida 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 Miami-Dade County; candidate and ballot issues for all Miami-Dade County and Miami-Dade Municipal elections.							
4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.) Good Government Initiatives							
5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)							
Full Name		Mailing Address	Com	mittee Title or Position			
Carlos M. Trueba		0 Douglas Road, Suite 800 al Gables, Florida 33134	Treasure	er			

			www.pi					
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	ess	Committee Title or Position					
Gary Reshefsky	7401 Sw 66 St Miami, FL 33143		Chairperson					
Carlos M. Trueba	2600 S Douglas Road, Coral Gables, FL 3313		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	ice Sought Party					
TBD				JEC 13				
8. List Any Issues this Co	mmittee is Supporting: TBD			30 3				
8. List Any Issues this Committee is Supporting: TBD List Any Issues this Committee is Opposing: TBD								
9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party $\ensuremath{\text{N/A}}$								
10. In the Event of Dissolution, What Disposition will be Made of Residual Funds? Donation to not-forprofit entities and/or any other disposition allowed under Florida law for residual funds.								
11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds								
Name of Bank or Depository & Account Number		Mailing Address						
Ocean Bank		780 NW 42nd Avenue						
		Miami, FL 33	3156					
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				
NIA								
STATE OF Florida		Miami-Dade county						
, Gary Reshefsky		_ , certify that the information in this Statement of						
Organization is complete, t	12/12/22							
Signature of	Date							