

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

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SEP -9 2022

CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

1. Full Name of Committee

YES FOR A STRONG MIAMI BEACH

Telephone

954-767-0300

Mailing Address (include city, state and zip code)

888 S. ANDREWS AVE.
STE. 201
FT. LAUDERDALE, FL 33316

Street Address (include city, state and zip code)

888 S. ANDREWS AVE.
STE. 201
FT. LAUDERDALE, FL 33316

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

| Name of Affiliated or Connected Organization | Mailing Address | Relationship |
|--|-----------------|--------------|
| NONE | | |

3. Area, Scope and Jurisdiction of the Committee

CANDIDATE AND BALLOT ISSUES IN MUNICIPAL ELECTIONS.

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

CIVIC

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 |
|----------------|---|-----------------------------|
| JASON B. BLANK | 888 S. ANDREWS AVE. STE. 201 FT. LAUDERDALE, FL 33316 | 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 |
|------------------|---|-----------------------------|
| VICTOR BALLESTAS | 888 S. ANDREWS AVE. STE. 201 FT. LAUDERDALE, FL 33316 | CHAIRMAN |

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 |
|-------------------|-----------------|---------------|-------|
| NONE AT THIS TIME | | | |

8. List Any Issues this Committee is Supporting: NONE AT THIS TIME

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List Any Issues this Committee is Opposing: NONE AT THIS TIME

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9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party

NONE

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10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?

RESIDUAL FUNDS WILL BE DISTRIBUTED TO AN IRC 527 ORG OR OTHERWISE AS ALLOWED BY LAW

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

| Name of Bank or Depository & Account Number | Mailing Address |
|---|---|
| CENTENNIAL BANK ACCT NO. TBD | 1100 SE 3RD AVE. FORT LAUDERDALE, FL 33303 |

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 |
|---|---|-----------------------------|-----------------|
| IRS FORM 8871 IRS FORM 990 IRS 1120-POL | UPON CREATION AS REQUIRED AS REQUIRED | IRS | OGDEN, UT 84201 |

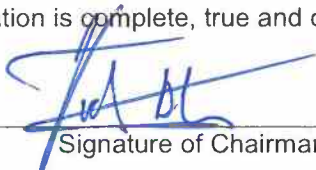
STATE OF FLORIDA

MIAMI-DADE COUNTY

I, VICTOR BALLESTAS, certify that the information in this Statement of

Organization is complete, true and correct.

X



Signature of Chairman of Political Committee

9/9/22

Date