

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

OFFICE USE ONLY

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CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

1. Full Name of Committee

South Beach Hotel & Restaurant Association, Inc.

Telephone

305-469-9069

Mailing Address (include city, state and zip code)
407 Lincoln Road, #12H, Miami Beach FL 33139

Street Address (include city, state and zip code)
Same

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

Ballot Question #81

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

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
Randall Hilliard	407 Lincoln Road, 12H, Miami Beach FL 33139	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
Jon Sleeper	407 Lincoln Road, 12H, Miami Beach FL 33139	President

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			

8. List Any Issues this Committee is Supporting: No on ballot question #81

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?

Charitable Contribution

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, #13001653443	446 Collins Avenue, Miami Beach FL 33139

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
N/A			

STATE OF Florida Miami-Dade COUNTY

I, Jon Sleeper, certify that the information in this Statement of

Organization is complete, true and correct.

X


Signature of Chairman of Political Committee

25 October 2017
Date