

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

2017 MAR 31 PM 3:28

CITY CLERK'S OFFICE

1. Full Name of Committee

Save Miami Beach 2016

Telephone

305-450-2033

Mailing Address (include city, state and zip code)

4469 Royal Palm Ave, Miami Beach, FL, 33140

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

3. Area, Scope and Jurisdiction of the Committee

ballot initiatives

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

preservation

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
Sarah Leddich	4469 Royal Palm Ave	Treasurer / Registered Agent

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
n/a		

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: ballot initiatives
 List Any Issues this Committee is Opposing:

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?

donate to SDLC3 or return to donors

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

Name of Bank or Depository & Account Number	Mailing Address
<u>City National Bank</u>	<u>500 71st Street, MB, FL</u>

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, Sarah H. Leddick, certify that the information in this Statement of Organization is complete, true and correct.

Sarah H. Leddick
 Signature of Chairman of Political Committee

3/31/17
 Date