

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

RECEIVED

2017 OCT -3 AM 10: 05

CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

1. Full Name of Committee Building A Stronger Beach	Telephone 305-6472694
---	--------------------------

Mailing Address (include city, state and zip code):
 1600 Ponce de Leon Blvd, 10th Floor - #115
 Coral Gables, FL 33134

Street Address (include city, state and zip code):
 1600 Ponce de Leon Blvd, 10th Floor - #115
 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
 Miami Beach - Ballot issues and referenda

4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)
political - advocate for ballot initiatives

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
Gloria Maggiolo	1600 Ponce de Leon Blvd, 10th Floor - #115 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
Matis Cohen	1600 Ponce de Leon Blvd, 10th Fl #115 Coral Gables, FL 33134	Chairperson
Gloria Maggiolo	1600 Ponce de Leon Blvd, 10th Fl #115 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: Support for ballot initiative Yes on #82, TBD on other issues as we go.

List Any Issues this Committee is Opposing: tbd

RECEIVED
 2017 OCT - 9 AM 10:05
 CITY OF MIAMI BEACH
 OFFICE OF THE CITY CLERK

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

non-partisan

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

Return to contributors or donate to 501(c) or 527 organization

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

Name of Bank or Depository & Account Number	Mailing Address
BB&T Acct# TBD	2000 Ponce de Leon Blvd Coral Gables, FL 33134

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
Form SS4	upon formation	IRS	Ogden, UT 84201
Form 8871	upon formation & at closing	IRS	Ogden, UT 84201

STATE OF Florida COUNTY Miami-Dade

I, Matis Cohen, certify that the information in this Statement of

Organization is complete, true and correct.

X

Signature of Chairman of Political Committee

9/29/17

Date