

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

1. Full Name of Committee

MIAMI BEACH GATEWAY COMMUNITY ALLIANCE POLITICAL
COMMITTEE, INC.

Telephone

305-672-2486

Mailing Address (include city, state and zip code)

301 OCEAN DRIVE #604
MIAMI BEACH, FL 33139

Street Address (include city, state and zip code)

301 OCEAN DRIVE #604
MIAMI BEACH, FL 33139

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

CITY OF MIAMI BEACH, FL

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

POLITICAL COMMITTEE REGARDING CITY OF MIAMI BEACH ISSUES AND CANDIDATES AS PROVIDED FOR UNDER FLORIDA LAW.

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
FRANK DEL VECCHIO	301 OCEAN DRIVE #604, 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
GAYLE DURHAM	1455 WEST AVE., #804, MIAMI BEACH, FL 33139	SECRETARY
FRANK DEL VECCHIO	301 OCEAN DRIVE #604, MIAMI BEACH, FL 33139	CITY OF MIAMI BEACH OFFICER/PRESIDENT CLERK

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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: TO BE DETERMINED

List Any Issues this Committee is Opposing: TO BE DETERMINED

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?

RETURN TO CONTRIBUTORS OR TO AN IRC SEC. 501(c) OR 527 ORGANIZATION AS MAY BE PERMITTED 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
CITY NATIONAL BANK (PENDING)	446 COLLINS AVE., 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
FORM 990	ANNUALLY	IRS	OGDEN, UT

STATE OF FLORIDA MIAMI-DADE COUNTY

I, FRANK DEL VECCHIO, certify that the information in this Statement of

Organization is complete, true and correct.

X *Frank Del Vecchio*
 Signature of Chairman of Political Committee

APRIL 4, 2018
 Date