STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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OFFICE OF THE CITY CLEAN

1. Full Name of Committee Vote Yes for MIAMI BEA	Telephone 305-531-2424						
Mailing Address (include cit 600 Brickell Avenue, Suit	e 1715, Miami Florida, 33131						
Street Address (include city,	state and zip code)						
4045 Sheridan Avenue, #25	52, Miami Beach, FL 33140						
Affiliated or Connected Ocommittees)	rganizations (includes other committees o	f continuous ex	istence and political				
Name of Affiliated or Connected Organization	Mailing Address		Relationship				
N/A	N/A		N/A				
3. Area, Scope and Jurisdict Ballot Issue in Miami Beach	ion of the Committee						
4. Nature of Organization or	Organization's Special Interest (e.g., medi	cal, legal, educa	ition, etc.)				
Increased Revenue for Infrastructure in Miami Beach							
5. Identify by Name, Address	s and Position, the Custodian of Books and	d Accounts (inc	lude treasurer's name)				
Full Name	Mailing Address	Comr	Committee Title or Position				
Jose A. Riesco	2600 South Douglas Road Suite 900 Coral Gables, FL 33134	Treasure	Treasurer				
Jeannine Riesco	2600 South Douglas Road	Deputy T	Deputy Treasurer				

Suite 900

Coral Gables, FL 33134

Miranda

6. List by Name, Address Finance Committee, If	and Position, Other Principal Any (include chairman's name	Officers, Including (Officers a	and Mem	bers of the		
Full Name	Mailing Add	Mailing Address		Committee Title or Position			
Joy Malakoff	6415 Pine Tree Drive Miami Beach, Florida 331	Chairperson					
Juan-Carlos Planas, Esq.	600 Brickell Avenue, Suit Miami Florida, 33131	600 Brickell Avenue, Suite 1715 Miami Florida, 33131		Registered Agent			
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	n/a	n/a			n/a		
8. List Any Issues this Committee is Supporting: Ballot Measures 2, 3, 4, 5 & 6							
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? Donation to 501(c)(3) charitable organization.							
11. List all Banks, Safety	Deposit Boxes, or Other Depo	sitories Used for Co	mmittee	Funds			
Name of Bank or Depository & Account Number		Mailing Address					
Bank United		1695 Alton Rd, 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	Ma	ailing Address		
SS4 Form 8871 Form 1120 POL Form 990	Upon Formation Upon Formation March 15, Annually May 15, Annually	Internal Revenue Se Internal Revenue Se Internal Revenue Se Internal Revenue Se	rvice rvice	Ogden, UT 84201 Ogden, UT 84201 Ogden, UT 84201 Ogden, UT 84201			
STATE OF Florida		Miami-Dade COUNTY					
, Joy Malakoff	_ , certify that the information in this Statement of						
Organization is complete, true and correct.							
X Joy Walshiff Signature of Chairman of Political Committee 9/21/15					18		