

**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

FRIENDS OF OUR MIAMI BEACH CONVENTION CENTER HOTEL

Telephone

305-445-0777

Mailing Address (include city, state and zip code)

2600 SOUTH DOUGLAS ROAD, SUITE 900
CORAL GABLES, FL 33134

Street Address (include city, state and zip code)

300 W. 41 STREET, SUITE 214
MIAMI BEACH, FL 33140

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

CITY OF MIAMI BEACH BALLOT QUESTIONS 2 & 3 PERTAINING TO THE LEASE OF PUBLIC LAND AND HOW THE RENT PAYMENTS WILL BE ALLOCATED TO CITY RESIDENTS

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

CIVIC-IMPROVING GOVERNMENT

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
JOSE A. RIESCO, CPA	2600 SOUTH DOUGLAS ROAD, SUITE 900 CORAL GABLES, FL 33134	TREASURER
JEANNINE R MIRANDA	2600 SOUTH DOUGLAS ROAD, SUITE 900 CORAL GABLES, FL 33134	DEPUTY 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
CRAIG ROBINS	3841 NE 2nd AVENUE MIAMI, FL 33137	CHAIRPERSON

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: CITY OF MIAMI BEACH BALLOT QUESTIONS 2 & 3 PERTAINING TO THE LEASE OF PUBLIC LAND AND HOW THE RENT PAYMENTS WILL BE ALLOCATED TO CITY RESIDENTS
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 AS OTHERWISE PROVIDED FOR AND ALLOWED 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
REGIONS BANK	3516 MAIN HIGHWAY MIAMI, FL 33133

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 FORM 990	UPON FORMATION MAY 15, ANNUALLY	IRS IRS	OGDEN, UT 84201 OGDEN, UT 84201

STATE OF FLORIDA MIAMI-DADE COUNTY

I, CRAIG ROBINS, certify that the information in this Statement of

Organization is complete, true and correct.

X

Signature of Chairman of Political Committee

8-31-18

Date