STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

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SEP 22 2021

CITY OF MIAMI BEACH OFFICE OF THE CITY CLERK

1. Full Name of Committee Citizens For A Safe Miami Beach			Telephone 305-912-8101			
Mailing Address (include city, state and zip code) P.o. box 414257, Miami Beach, FL 33141						
Street Address (include city, state and zip code) 1688 Meridian Ave Suites 600-700 6th Floor 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 Ballot issues and referenda in Miami Beach						
4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.) Business						
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				
Natalie Kato	P.o. box 414257 Miami Beach, FL 33141	Treasure	er			

	and Position, Other Principal (Any (include chairman's name)		ers and Memi	pers of the			
Full Name	Mailing Addr	ress	Committee Title or Position				
Natalie Kato	P.o. box 414257 Miami Beach, FL 33141		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		Party			
To Be Determined							
8. List Any Issues this Co	ommittee is Supporting: To be	determined					
List Any Issues this Committee is Opposing: referendum on 2am alcohol ban							
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? Distributed to IRC 527 organization or other charitable entity allowed by Chapter 106, Florida Stat.							
11. List all Banks, Safety	Deposit Boxes, or Other Depos	sitories Used for Comm	ittee Funds				
Name of Bank or Dep	Mailing Address						
Suntrust Bank		3522 Thomasville Rd Tallahassee, FL 32309					
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 Off	ficial M	ailing Address			
IRS 8870 IRS 990	Upon formation Annually	Internal Revenue Service	Ogden	, UT 84201			
STATE OF Florida		Dade		COUNTY			
Natalie Kato , certify that the information in this Statement of Organization is complete, true and correct.							
X 22-2021							
Signature of Chairman of Political Committee Date							



P O Box 414257 Miami Beach, FL 33141 RECEIVED

SEP 22 2021

September 14, 2021

Sincerely

SEP 22 2021

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CITY OF MIAMI BEACH OFFICE OF THE CITY CLERK

RE: Change in Chairperson for Citizens For A Safe Miami Beach

To Whom it May Concern,

Please let this letter serve as notice that effective immediately I am removing myself as chairperson from the political committee Citizens For A Safe Miami Beach. I am enclosing the paperwork appointing Natalie Kato as chair. This form will also provide an updated mailing address for this political committee.