

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

Residents for a Safer Miami Beach

Telephone

(813) 335-7472

Mailing Address (include city, state and zip code)

9429 Harding Avenue, Suite 218
Surfside, Florida 33154

Street Address (include city, state and zip code)

9429 Harding Avenue, Suite 218
Surfside, Florida 33154

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 political committee to support or oppose candidates for local office and other activities not prohibited by Chapter 106, F.S.

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

Political

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
Jamie C. Jodoin	Post Office Box 20252 St. Petersburg, FL 33742	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
Alex Cruz	9429 Harding Avenue, Suite 218 Surfside, Florida 33154	Chairman

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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
To be determined			

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?

Contribute to candidates, political parties, political committees or refunds to contributors, and other activities not prohibited 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
Synovus Bank	12450 Roosevelt Blvd. N. St. Petersburg, FL 33716

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 8871 Form 990, as may be required Form 1120 POL	Upon formation April 15, annually May 15, annually as required	Internal Revenue Service	Ogden, UT 84201

STATE OF Florida

Miami-Dade COUNTY

I, Alex Cruz, certify that the information in this Statement of

Organization is complete, true and correct.

X


Signature of Chairman of Political Committee

8/25/21
Date