STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE		OFFICE USE ONLY				
		RECEIVED				
(PLE	ASE TYPE)	SEP 24 2021				
		CITY OF MIAMI BEACH OFFICE OF THE CITY CLERK				
1. Full Name of Committee			Telephone			
Yes for a Safer Miami Beach			786-762-4990			
Mailing Address (include city, state and zip code) 1742 W Flagler Street Miami, Florida 33135						
Street Address (include city, state and zip code) 1742 W Flagler Street						
Miami, Florida 33135						
2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)						
Name of Affiliated or Connected Organization Mailing Address		SS	Relationship			
N/A	N/A		N/A			
3. Area, Scope and Jurisdiction of the Committee						
Committee supporting a b	allot measure in Miami Beach, F	lorida				
4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.) Political, Voter Education						
5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)						
Full Name	Mailing Address	Com	Committee Title or Position			
Maria Kuhn	1742 W Flagler Street Miami, Florida 33135	Treasure)r			

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		
Sam Rabin	1742 W Flagler Street Miami, Florida 33135	eet Chairperson		rson		
Juan-Carlos Planas, Esq.	2332 Galiano Street, 2nd Floor Coral Gables, FL 33134			Registered Agent RECEIVED		
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 CITY OF MIAMI BEACH				
N/A	N/A	N/A		N/A		
8. List Any Issues this Co	ommittee is Supporting: Ves or	Ballot Measure 1				
8. List Any Issues this Committee is Supporting: Yes on Ballot Measure 1. List Any Issues this Committee is Opposing: N/A						
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 donate to 501(c) or 527 organization.						
11. List all Banks, Safety	Deposit Boxes, or Other Depos	sitories Used for Co	mmittee F	Funds		
Name of Bank or Depository & Account Number		Mailing Address				
Bank of America		9101 S. Dixie Highway Pinecrest, FL 33156				
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	f Official	Mailing 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				
, Sam Rabin		, certify that the information in this Statement of				
Organization is complete, true and correct.						
X Signature of Chairman of Political Committee Date						
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