STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

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SEP 27 2021

CITY OF MIAMI BEACH OFFICE OF THE CITY CLERK

1. Full Name of Committee

Telephone

(850) 567-4878

South Beach Hotel and Restaurant Association PAC

Mailing Address (include city, state and zip code)

Post Office Box 359, Miami Beach, FL 33119-0359

Street Address (include city, state and zip code)

2618 Centennial Place, Tallahassee, FL 32308

2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

Name of Affiliated or Connected Organization	Mailing Address	Relationship		
South Beach Hotel and Restaurant Association PAC	1734 Savona Point Circle Unit 110 Cape Coral, FL 33914	Affiliated		

3. Area, Scope and Jurisdiction of the Committee

To make contributions to local candidates; candidate and issue political committees; political parties; electioneering communications organizations; and to engage in independent expenditure, electioneering, and miscellaneous advertising.

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

Laws and regulations impacting hotels and restaurants.

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
Mark Herron	Post Office Box 1701 Tallahassee, FL 32302-1701	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 Addr	ess	Committee Title or Position			
Mark Herron Mark Herron	Post Office Box 1701 Tallahassee, FL 32302- Post Office Box 1701 Tallahassee, FL 32302-	1701 1701	Chairman Treasurer	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 S	ought OF	TY OF MIAMI BEAC FICE OF THE VITY CLE		
To be determined						
8. List Any Issues this Co	mmittee is Supporting: None a	at this time				
List Any Issues this Committee is Opposing: Straw Ballot Question 1						
9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party						
10. In the Event of Dissolution, What Disposition will be Made of Residual Funds? Upon dissolution, residual funds will be distributed to an IRC 527 organization.						
11. List all Banks, Safety I	Deposit Boxes, or Other Depos	sitories Used for Com	mittee Funds			
Name of Bank or Depo	Mailing Address					
Hancock Bank Account No. To be determined		101 North Monroe Street Tallahassee, FL 32301				
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 0	Official	Mailing Address		
IRS Form 8871 IRS Form 1120-POL IRS Form 990	Upon Creation March 15 Annually May 15 Annually	IRS	Ogde	n, FL 84201		
STATE OF Florida		Leon		COUNTY		
Mark Herron , certify that the information in this Statement of Organization is complete, true and correct.						
× Anny	Chairman of Political Committee	24 September 2021				
Signature of C	Shairman of Political Committee		U	aic		