

**STATEMENT OF ORGANIZATION  
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

OFFICE USE ONLY  
**RECEIVED**

**OCT -7 2021**

**CITY OF MIAMI BEACH  
OFFICE OF THE CITY CLERK**

**1. Full Name of Committee**

YES for a Holocaust Museum

Telephone

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

Relationship

N/A

N/A

N/A

**3. Area, Scope and Jurisdiction of the Committee**

Committee supporting a ballot measure in Miami Beach, Florida

**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

Committee Title or Position

Maria Kuhn

1742 W Flagler Street  
Miami, Florida 33135

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
Daniel S. Gelber	1 SE 3rd Ave Ste 2600 Miami, FL 33131-1715	Chairperson
Juan-Carlos Planas, Esq.	2332 Galiano Street, 2nd Floor Coral Gables, FL 33134	Registered Agent

**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	N/A	N/A	N/A

**8. List Any Issues this Committee is Supporting:** Yes on Referendum 1. #280.

**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)(3) organization.

**11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee 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 Official	Mailing Address
SS4	Upon Formation	Internal Revenue Service	Ogden, UT 84201
Form 8871	Upon Formation	Internal Revenue Service	Ogden, UT 84201
Form 1120 POL	March 15, Annually	Internal Revenue Service	Ogden, UT 84201
Form 990	May 15, Annually	Internal Revenue Service	Ogden, UT 84201

STATE OF FLORIDA Miami-Dade COUNTY

I, Daniel S. Gelber, certify that the information in this Statement of

Organization is complete, true and correct.

**X**   
Signature of Chairman of Political Committee

10/7/21  
Date