

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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JUN 10 2022

CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

1. Full Name of Committee Together for Community Health & A Resilient Miami Beach	Telephone 786-762-4990
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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)

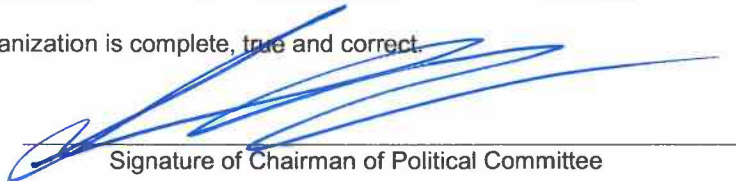
Name of Affiliated or Connected Organization	Mailing Address	Relationship
N/A	N/A	N/A

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	
Juan-Carlos Planas, Esq.	2332 Galiano Street, 2nd Floor Coral Gables, FL 33134	Chairperson & 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 Miami Beach Referendum 5. 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 Form 8871 Form 1120 POL Form 990	Upon Formation Upon Formation March 15, Annually May 15, Annually	Internal Revenue Service Internal Revenue Service Internal Revenue Service Internal Revenue Service	Ogden, UT 84201 Ogden, UT 84201 Ogden, UT 84201 Ogden, UT 84201
STATE OF <u>FLORIDA</u>		<u>Miami-Dade</u> COUNTY	
I, <u>Juan-Carlos Planas, Esq.</u> , certify that the information in this Statement of Organization is complete, true and correct.			
X 		<u>6/10/22</u>	
Signature of Chairman of Political Committee		Date	

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