STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

1. Full Name of Committee

For Our Miami Beach Quality of Life

OFFICE USE ONLY

RECEIVED

SEP 13 2022

CITY OF MIAMI BEACH OFFICE OF THE CITY CLERK

Telephone

786-762-4990

Mailing Address (include city, state and zip code) 1742 W Flagler Street Miami, Florida 33135										
Street Address (include city, 1742 W Flagler Street Miami, Florida 33135	state	and zip code)								
2. Affiliated or Connected Or committees)	ganiz	zations (includes other committees of con	tinuous exi	stence and political						
Name of Affiliated or Connected Organization		Mailing Address	Relationship							
N/A		N/A		N/A						
3 Area Scope and Jurisdicti	ion o	f the Committee								
3. Area, Scope and Jurisdiction of the Committee Committee supporting a ballot measure in Miami Beach, Florida										
4. Nature of Organization or Political, Voter Education	Orga	nization's Special Interest (e.g., medical, I	egal, educa	ntion, etc.)						
5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)										
Full Name		Mailing Address	Comr	mmittee Title or Position						
Maria Kuhn		2 W Flagler Street mi, Florida 33135	Treasure	r						

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 Fernandez	3200 Chase Avenue Miami Beach, FL 33140		Chairperson			_					
Juan-Carlos Planas, Esq.	2332 Galiano Street, 2nd F Coral Gables, FL 33134	Floor	Registered A			gent					
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: Multiple referendum on the November 8, 2022 election ballot.											
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						TY OF	SEP	REC			
10. In the Event of Dissolution, What Disposition will be Made of Residual Funds? Return to contributors or donate to 501(c)(3) organization.								EIVED			
11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds Name of Bank or Depository & Account Number Mailing Address											
Name of Bank or Depository & Account Number			Mailing Address 吴工								
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 Fi	led N	lame & Position o	f Official	М	Mailing Address					
SS4 Form 8871 Form 1120 POL Form 990	Upon Formation Upon Formation March 15, Annually May 15, Annually	Int Int	ternal Revenue Se ternal Revenue Se ternal Revenue Se ternal Revenue Se	ervice ervice	Ogden, Ogden,	den, UT 84201 den, UT 84201 den, UT 84201 den, UT 84201					
STATE OF FLORIDA			Miami-Dade COUNTY								
, certify that the information in this Statement of Organization is complete, true and correct.											
X Court Tar Dauf Signature of Chairman of Political Committee 09/13/2022 Date											