STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

1. Full Name of Committee

YES For A Safe and Strong Future

OFFICE USE ONLY

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AUG 5 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, FL 33135										
Street Address (include city, state and zip code) 1742 W Flagler Street Miami, FL 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	Com	mittee Title or Position						
Maria Kuhn		2 W Flagler Street mi, FL 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		Cor	Committee Title or Position					
Neisen Kasdin Juan-Carlos Planas, Esq		98 SE 7th St #1100 Miami, FL 33131 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	Office Sought		Party				
N/A	N/A	\	N/A	N/A		N/A				
8. List Any Issues this Committee is Supporting: Yes on Miami Beach Referendum 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 CITY OF MIAMI BEACH										
10. In the Event of Dissolution, What Disposition will be Made of Residual Funds? OFFICE OF THE CITY CLERK Return to contributors or donate to 501 (c)(3) organizations.										
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	M	lailing Address				
SS4 Form 8871 Form 1120 POL Form 990	i	Upon Formation Upon Formation March 15, Annually March 15, Annually	Internal Revenue S Internal Revenue S	ntenal Revenue Service nternal Revenue Service nternal Revenue Service nternal Revenue Service		UT 84201 UT 84201 UT 84201 UT 84201				
STATE OF FLORIDA			Miami-Dade COUNTY							
Neisen Kasdin , certify that the information in this Statement of										
Organization is complete, true and correct. Signature of Chairman of Political Committee Signature of Chairman of Political Committee										