

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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**CITY OF NORTH MIAMI
CITY CLERKS OFFICE**

1. Full Name of Committee

Our City Our Future

Telephone

786-970-7403

Mailing Address (Include city, state and zip code)

13420 NW 7 AVE
NORTH MIAMI, FL 33168

Street Address (Include city, state and zip code)

13420 NW 7 AVE
NORTH MIAMI, FL 33168

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship
NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

3. Area, Scope and Jurisdiction of the Committee

GENERAL, CITY OF NORTH MIAMI

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

ALL CITY OF NORTH MIAMI AFFAIRS

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
JEFFY VAN MONDESIR	13420 NW 7 AVE NORTH MIAMI, FL 33168	CHAIRMAN
SANDRA SAINT-HILAIRE	12655 NE 1ST AVE NORTH MIAMI, FL 33161	TREASURER

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6. List by Name, Address and Position, Other Principal Office Including Officers and Members of the Finance Committee, If Any (Include chairman's name)

Full Name	Mailing Address	Committee Title or Position
JEFFY VAN MONDESIR	13420 NW 7 AVE NORTH MIAMI, FL 33168	CHAIRMAN
SANDRA SAINT-HILAIRE	12655 NE 1ST AVE NORTH MIAMI, FL 33161	TREASURER

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
NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	N/A

8. List Any Issues this Committee is Supporting: GOBOND REFERENDUM

List Any Issues this Committee is Opposing:

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party
NOT APPLICABLE

10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?
DONATION TO 501(C)3 OR USE FOR FUTURE CAUSE

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

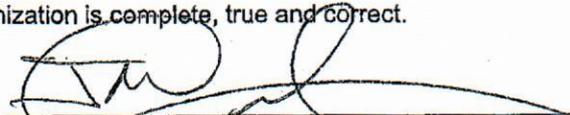
Name of Bank or Depository & Account Number	Mailing Address
REGIONS 0261574368	16051 W DIXIE HWY NORTH MIAMI BEACH, 33160

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
Not applicable	N/A	N/A	N/A

STATE OF FLORIDA MIAMI-DADE COUNTY

I, JEFFY VAN MONDESIR, certify that the information in this Statement of Organization is complete, true and correct.

 Signature of Chairman of Political Committee

03/20/18 Date

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**
(Section 106.022, F.S.)

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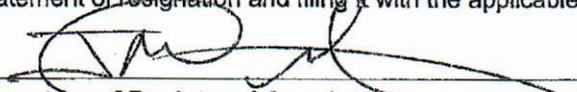
**CITY OF NORTH MIAMI
CITY CLERKS OFFICE**

- Original Appointment Change of Appointment
 Change of Mailing Address Change of Physical Address

Registered Agent and Office Information

Name Jeffy Van Mondesir		Telephone 786-970-7403
Street Address 13420 NW 7 AVE		
City NORTH MIAMI	State FL	Zip Code 33168
Mailing Address SAME AS ABOVE		
City	State	Zip Code

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.


Signature of Registered Agent

03/22/18
Date

Former Registered Agent and Office Information (for changes only)

Name		Telephone
Street Address		
City	State	Zip Code

Committee or Organization Information

Name of Committee or Organization OUR CITY OUR FUTURE		
Street Address 13420 NW 7 AVE		Telephone 786-970-7403
City NORTH MIAMI	State FL	Zip Code 33168


Signature of Chairperson

Jeffy Van Mondesir
Printed Name of Chairperson

03/22/2018
Date

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR
POLITICAL COMMITTEES**
(Sections 106.011(1) and 106.021(1), F.S.)

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**CITY OF NORTH MIAMI
CITY CLERKS OFFICE**

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization
OUR CITY OUR FUTURE

2. Telephone
(786) 970-7403

3. Name of Treasurer or Deputy Treasurer 4. Email (optional)
SANDRA SAINT-HILAIRE SANDRASTHILR01@AOL.COM

5. Telephone (optional)
()

6. Mailing Address
12655 NE 1ST AVE , NORTH MIAMI, FL 33161

7. Street Address
13420 NW 7 AVE NORTH MIAMI, FL 33168

8. The following bank has been designated as the **Primary Depository** **Secondary Depository**

9. Name of Bank
REGIONS

10. Street Address
16051 W DIXIE HIGHWAY

11. City
NORTH MIAMI BEACH

12. State
FL

13. Zip Code
33160

14. Signature of Chairman
X 

15. Name of Chairman (Print or Type)
JEFFY VAN MONDESIR

Campaign Treasurer's Acceptance of Appointment

I, **SANDRA SAINT-HILAIRE**, do hereby accept the appointment as
(Please Print or Type)

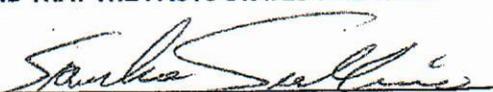
treasurer or deputy treasurer for **OUR CITY OUR FUTURE**
(Committee or Organization)

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

03/20/18

Date

X


Signature of Campaign Treasurer or Deputy Treasurer