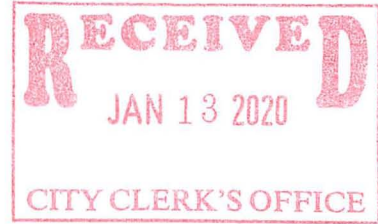


South Miami Residents for Quality of Life PC  
P.O. Box 1701  
Tallahassee, FL 32302



January 9, 2020

Nkenga "Nikki" Payne  
Deputy City Clerk  
City Hall, 1<sup>st</sup> Floor  
6130 Sunset Drive  
South Miami, FL 33143

Re: *South Miami Residents for Quality of Life PC*

Dear Ms. Payne:

Please find enclosed the updated:

DS-DE 5 – Political Committee Statement of Organization –  
indicating a new address for the Political Committee.

I trust that this filing complies with the requirements of law. If your office has any questions or concerns regarding this filing, please let me know.

Sincerely,

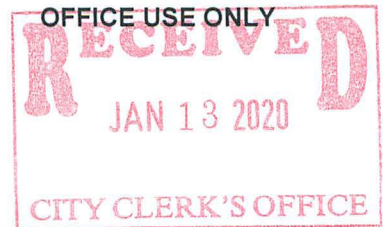
A handwritten signature in blue ink, appearing to read "Mark Herron", written over the word "Sincerely,".

Mark Herron

Enclosure(s)

**STATEMENT OF ORGANIZATION  
OF POLITICAL COMMITTEE**

(PLEASE TYPE)



**1. Full Name of Committee**

South Miami Residents for Quality of Life PC

Telephone

850-567-4878

Mailing Address (include city, state and zip code)

Post Office Box 1701, Tallahassee, FL 32302-1701

Street Address (include city, state and zip code)

6619 South Dixie Highway #123, South Miami, FL 33143

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship
South Miami Residents for Quality of Life	Post Office Box 1701 Tallahassee, FL 32302-1701	Affiliated

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

To make contributions and other expenditures in connection with candidate and issue elections in the City of South Miami.

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

The Committee is a continuing one whose special interest is Government.

**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
Mark Herron	Post Office Box 1701 Tallahassee, FL 32302-1701	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
Mark Herron	Post Office Box 1701 Tallahassee, FL 32302-1701	Treasurer, Chairman

**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
To be determined	1		

**8. List Any Issues this Committee is Supporting:** Proposed Charter Amendment Land Use / Development Regulations

**List Any Issues this Committee is Opposing:** None at this time

**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?**

Residual funds will be distributed to an IRC 527 entity

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

Name of Bank or Depository & Account Number	Mailing Address
Hancock Bank Account No.: To be assigned	2453 Mahan Drive Tallahassee, FL 32308

**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
IRS Form 8871 IRS Form 1120-POL IRS Form 990	Upon Creation March 15 Annually May 15 Annually	IRS	Ogden, UT 84201

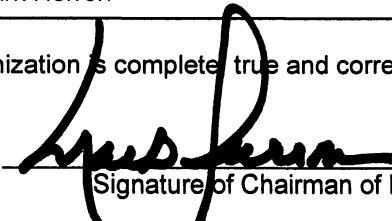
STATE OF Florida

Leon  COUNTY

I, Mark Herron, certify that the information in this Statement of

Organization is complete true and correct.

X



Signature of Chairman of Political Committee

9 January 2020  
Date