CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) (PAC) People for Stronger Neighborho								
Name (2) 600 Brickell Avenue; Suite 1715	ONLINE SUBMISSION [1132745]							
(2) 600 Brickell Avenue; Suite 1715 Address (number and street)	Submitted on:							
Miami, FL 33131	10/26/2016 10:32:31 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 1980							
(4) Check appropriate box(es):								
Candidate Office Sought:								
☑ Political Committee (PC)								
Electioneering Communications Org. (ECO) Party Executive Committee (PTY)	 Check here if PC or ECO has disbanded Check here if PTY has disbanded 							
Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed							
individual making electioneering communications)								
(5) Report Identifiers								
Cover Period: From <u>10</u> / <u>15</u> / <u>2016</u> To	0 <u>10</u> / <u>21</u> / <u>2016</u> Report Type: <u>16G6</u>							
☐ Original ☐ Amendment ☐ Sp	pecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$, , , 0 . 00	Expenditures \$,, <u>130</u> .60							
Loans \$,,000	Transfers to							
Loans $, 0.00$	Office Account \$, , 0.00							
Total Monetary \$, , 0.00								
	Total Monetary \$ _ , _ ,130 . 60							
In-Kind \$,, 0.00								
	(8) Other Distributions							
	\$,,000							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$ _ , 5 , 000 . 00	\$, , 130.60							
(11) Certification								
It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)								
I certify that I have examined this report and it is true, correct, and complete:								
(Type name)	(Type name)							
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)							
X Signatura	X							
Signature	Signature							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name						r 1	1980	
	10/15/2016		1	0/21/2016		1	0	
(3) Cover Perio	od//	thro	bugh	11	(4) Page	e	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence	Street Address &	C	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount	
				0.816	2 61 2			
1 1	-							
1 1								
1 1								
						-		
1 1								
1 1								
1 1								
1 1								
1 1								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name (PA	URES				
(3) Cover Period	10/15/2016 // /through	10/21/2016	4) Page <u>1</u>	of	1
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
	SUNTRUST BANK, PO BOX 305183 NASHVILLE, TN 37230	check order	MO		\$130.60
//					
_ / /					
_ / _					
_/ /					
_/ /					
11					
_ / /					

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