

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Citizens for a Safer Broward  
 Name  
 (2) 7200 West Commerical Blvd.; Suite 204-209  
 Address (number and street)  
Lauderhill, FL 33319  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1198728]  
 Submitted on:  
 2/4/2020 14:55:02 (eastern)

Check here if address has changed

(3) ID Number: 586

(4) Check appropriate box(es):

- Candidate Office Sought: \_\_\_\_\_
- Political Committee (PC)
- Electioneering Communications Org. (ECO)       Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)                       Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)       Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 1 / 1 / 2020 To 1 / 31 / 2020 Report Type: M1

Original       Amendment       Special Election Report

### (6) Contributions This Report

Cash & Checks      \$        ,        , 0 . 00

Loans                      \$        ,        , 0 . 00

Total Monetary      \$        ,        , 0 . 00

In-Kind                      \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures      \$        ,        , 5 . 00

Transfers to Office Account      \$        ,        , 0 . 00

Total Monetary      \$        ,        , 5 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        ,        , 0 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 25 . 00

### (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) \_\_\_\_\_  
 Individual (only for IE or electioneering comm.)       Treasurer       Deputy Treasurer

X \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate                       Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Citizens for a Safer Broward (2) I.D. Number 586

1/1/2020 through 1/31/2020

(3) Cover Period \_\_\_ / \_\_\_ / \_\_\_ through \_\_\_ / \_\_\_ / \_\_\_ (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Citizens for a Safer Broward

(2) I.D. Number 586

(3) Cover Period 1/1/2020 through 1/31/2020

(4) Page 1 of 1

(5) Date	(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
(6) Sequence Number					
1/31/2020 / /	Suntrust, 3115 S. University Davie, FL 33328	bank fee	MO		\$5.00
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