	CAMPAIGN TREASURE	ER'S REPORT SUMMARY							
(1) Citizens Name (2) P.O. Box 1	for an Elected Mayor	OFFICE USE ONLY ONLINE SUBMISSION [1229050]							
Address (nur	mber and street)	Submitted on: 9/2/2020 20:28:45 (eastern)							
Check her	re if address has changed	(3) ID Number: 587							
(4) Check appropriate box(es): ☐ Candidate Office Sought: ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed									
ta da ana pagangangkan antao ng appropriation ng magamban ga mataon ng magambang ng magambang an ang magambang	(5) Report	t Identifiers							
Cover Period: Fr ☐ Original		9 / 4 / 2020 Report Type: G2 ecial Election Report							
(6) Contribution	ns This Report	(7) Expenditures This Report							
Cash & Checks	\$, <u>0</u> . <u>00</u>	Monetary							
Loans Total Monetary	\$,,,000 \$,, 0 . 00	Transfers to Office Account \$, , , 0 . 00							
In-Kind	\$,,	Total Monetary \$, , _12 . 00							
		(8) Other Distributions \$, , 000_							
` ′	etary Contributions To Date1 ,10000	(10) TOTAL Monetary Expenditures To Date \$,,,21600_							
I certify that I have (Type name) ☐ Individual (only for or electioneering comments)	irst degree misdemeanor for any perse examined this report and it is true, correct limits and it is true.	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)							
X Signature		X Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Citizens for an El	ected	Mayor		2) I.D. Numbe	r <u>5</u>	87
	8/22/2020		9	/4/2020			
(3) Cover Perio	od / /	thro	ough	11_	(4) Pag	e <u>1</u>	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind	Amendment	Amazunti
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1							
1 1							
1 1							
1 1							
1 1							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Citizens	for	an	Elected May	or		 (2) I.D. Num	ber	5	387	and an artist of the second
	8/	22/20	020		9/4/202	0					
(3) Cover Pe	riod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
8/31/2020	Regions Bank, 499 Sheridan Street	bank charge	MO	Add	\$12.00
1	Dania, FL 33004			5	
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