CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Citizens for an Elected Mayor	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1241678]							
(2) P.O. Box 1708	Submitted on:							
Address (number and street) Dania Beach, FL 33004	1/14/2021 15:14:18 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 587							
(4) Check appropriate box(es):								
Candidate Office Sought:								
☑ Political Committee (PC)								
	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>30</u> / <u>2020</u> To	<u>10</u> / <u>31</u> / <u>2020</u> Report Type: <u>M10</u>							
Original Amendment  Sp	ecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$,,,	Expenditures \$ , , , 00							
Loans \$,,_0.00	Transfers to							
	Office Account \$ , , 0.00							
Total Monetary \$ , , 0.00								
	Total Monetary \$ , , 15 . 00							
In-Kind \$,, <u>0</u> .00								
	(8) Other Distributions							
	\$,, <u>0</u> . <u>00</u>							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$, <u>1</u> , <u>100</u> . <u>00</u>	\$,, 23100							
(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)	Candidate Chairperson (only for PC and PTY)							
or electioneering comm.)								
x	x							
Signature	Signature							

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Citizens for an Elected Mayor				(2) I.D. Number		
	10/30/2020		1	0/31/2020			
(3) Cover Peri	od / /	thro	bugh	<i>ll</i>	(4) Pag	e	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)		(9)	(10)	(11)	(12)
Sequence	Street Address &	Co	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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 <u>Cit</u>	<b>CAMPAIGN TREASURER</b> izens for an Elected May	or	D EXPENDIT (2) I.D. Number		587
(3) Cover Period	10/30/2020 I/through	10/31/2020 /	(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
	Regions Bank, 499 Sheridan Street Dania Beach, fl 33004	bank charge	MO	Add	\$15.00
_/ /					
_/ /					
_ / /					
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES