CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Citizens for an Elected Mayor	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1209620]							
(2) P.O. Box 1708	Submitted on:							
Address (number and street) Dania Beach, FL 33004	6/10/2020 10:16:15 (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)								
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>5</u> / <u>1</u> / <u>2020</u> To	5 / 31 / 2020 Report Type:M5							
🗌 Original 🛛 Amendment 🗌 Sp	pecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$, , , 0 . 00	Expenditures \$, , <u>12</u> . <u>00</u>							
Loans \$, 0.00	Transfers to							
	Office Account \$,,,0.00							
Total Monetary \$, , 0.00								
	Total Monetary \$, 12 . 00							
In-Kind \$,,000								
	(8) Other Distributions							
	\$,,000							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$,, 100.00	\$,,18000							
(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)							
or electioneering comm.)								
X	x							
Signature	Signature							

DS-DE 12 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Citizens for an El	ected	ected Mayor (2) I.D. Number 587				
	5/1/2020		5	/31/2020		1	0
(3) Cover Peri	od / /	thro	bugh	<i>II</i>	(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	Occupation	Туре	Description	Amendment	Amount
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>	CAMPAIGN TREASURER ² izens for an Elected May	vor		EXPENDITURES 2) I.D. Number		
(3) Cover Period	5/1/2020 / through_	5/31/2020 //	(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, FL 33004	bank charge	MO	Add	\$12.00	
_/ /						
_/ /						
_/ /						
_ / _						
//						
11						
11						

DS-DE 14 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES