

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Citizens for an Elected Mayor
 Name
 (2) P.O. Box 1708
 Address (number and street)
Dania Beach, FL 33004
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1246624]

Submitted on:
 6/14/2021 14:20:32 (eastern)

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) 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 5 / 1 / 2021 To 5 / 31 / 2021 Report Type: M5

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 \$ _____ , _____ , 788 . 00

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 788 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 1 , 100 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 1 , 097 . 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 an Elected Mayor (2) I.D. Number 587

5/1/2021 5/31/2021

(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 an Elected Mayor

(2) I.D. Number 587

(3) Cover Period 5/1/2021 through 5/31/2021

(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
5/19/2021 // 1	The FriendaOf Broward Homeless, 834 Johnson Street Hollywood, FL 33019	distribution of final funds to close account. organization is 501c	MO	Add	\$788.00
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