

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Miami-Dade Residents First  
 Name  
 (2) 2121 Ponce de Leon Blvd.; Suite 1100  
 Address (number and street)  
Coral Gables, FL 33134  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1174789]

Submitted on:  
 10/5/2018 18:44:46 (eastern)

Check here if address has changed

(3) ID Number: 1415

(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 9 / 15 / 2018 To 9 / 28 / 2018 Report Type: 18G3

Original       Amendment       Special Election Report

### (6) Contributions This Report

Cash & Checks      \$        ,   5   , 000 . 00

Loans                      \$        ,        ,   0   . 00

Total Monetary      \$        ,   5   , 000 . 00

In-Kind                      \$        ,        ,   0   . 00

### (7) Expenditures This Report

Monetary Expenditures      \$        ,        ,   0   . 00

Transfers to Office Account      \$        ,        ,   0   . 00

Total Monetary      \$        ,        ,   0   . 00

### (8) Other Distributions

\$        ,        ,   0   . 00

### (9) TOTAL Monetary Contributions To Date

\$   4   , 493 , 507 . 00

### (10) TOTAL Monetary Expenditures To Date

\$   4   , 480 , 044 . 88

### (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 EXPENDITURES**

(1) Name Miami-Dade Residents First

(2) I.D. Number 1415

(3) Cover Period 9/15/2018 through 9/28/2018

(4) Page 1 of 0

(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					
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