CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Better Miami	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1148548]						
(2) <u>3900 SW 26th Street</u>	Submitted on:						
Address (number and street) West Park, FL 33023	2/1/2018 08:56:37 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 1476						
(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>1</u> / <u>1</u> / <u>2018</u> To	0 <u>1</u> / <u>31</u> / <u>2018</u> Report Type: <u>18M0</u> 1						
🖾 Original 🗌 Amendment 🗌 Sp	Decial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$, , 0 . 00	Expenditures \$, , 00						
Loans \$,,0.00	Transfers to						
	Office Account \$, , 0.00						
Total Monetary \$, , 0.00							
	Total Monetary \$, , 0 . 0 0						
In-Kind \$,,0 00							
	(8) Other Distributions						
	\$,, 00						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, 74 , 125 . 00	\$, 42 , 076 . 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, co							
(Type name)	(Type name)						
or electioneering comm.)							
X	x						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Better Miami	(2) I.D. Number					476		
	1/1/2018			1/31/2018					
(3) Cover Perio	od / /	thro	bugh	11	(4) Page	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	_								
/ /	-								
/ /	_								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Bett	URES				
(3) Cover Period	1/1/2018 // /through	1/31/2018 //	(4) Page <u>1</u>	of_	0
(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
_/ /					
_/ /					
_/ /					
_/ /					
//					
//					
11					
_/ /					

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