CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Better Miami	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1151754]							
(2) <u>3900 SW 26th Street</u>	Submitted on:							
Address (number and street) West Park, FL 33023	4/3/2018 10:36:58 (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)     Flaction control (FCC)								
	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>3</u> / <u>1</u> / <u>2018</u> To	<u>3</u> / <u>31</u> / <u>2018</u> Report Type: <u>18M03</u>							
☐ Original ☐ Amendment ☐ Sp	ecial Election Report							
(6) Contributions This Report (7) Expenditures This Report								
	Monetary							
Cash & Checks \$,,, 0.	Expenditures \$ , , , 00							
Loans \$,,0.00	Transfers to							
	Office Account \$,,,0.00							
Total Monetary \$ , , 0.00								
	Total Monetary \$ , , 0 . 00							
In-Kind \$,0.00								
	(8) Other Distributions							
	\$,,000							
(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, correct, and complete:								
(Type name)	(Type name)							
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)							
X Signature	X Signature							
Signature	Signature							

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Better Miami	(2) I.D. Number <u>1476</u>					476
3/1/2018			3/31/2018				
(3) Cover Peri	od / /	thro	bugh	<i>II</i>	(4) Pag	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
	na da de		2 AV	22.2	5		
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 Bett	URES				
	3/1/2018	3/31/2018 //	(4) Page <u>1</u>	of	0
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Purpose (add office sought if contribution to a	(9) Expenditure	(10)	(11)
Sequence Number	City, State, Zip Code	candidate)	Туре	Amendment	Amount
_/_/					
_/ /					
_/ /					
_/_/					
_/ /					
11					
11					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES