CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Better Miami	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1188622]							
(2) <u>3900 SW 26th Street</u>	Submitted on:							
Address (number and street) West Park, FL 33023	6/9/2019 16:11:57 (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>5</u> / <u>1</u> / <u>2019</u> To	5 / <u>31</u> / <u>2019</u> Report Type: <u>19M05</u>							
☐ Original ☐ Amendment ☐ Sp	ecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$, , , 0 . 00	Expenditures \$, , , 00							
Loans \$,,0.00	Transform to							
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$							
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							
\$, 89, 125.00	\$, 79, 915.69							
	tification son 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 Signatura	X Signatura							
Signature	Signature							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Better Miami	(2) I.D. Number1476					476		
	5/1/2019			5/31/2019					
(3) Cover Perio	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 Bett	D EXPENDIT (2) I.D. Number				
	5/1/2019 /through	5/31/2019	(4) Page <u>1</u>		0
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought in contribution to a candidate)	(9) f Expenditure Type	(10) Amendment	(11) Amount
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_/ /					
_/ /					
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES