	CAMPAIGN TREASURE	R'S REPORT SUMMARY								
(1)	Better Miami	OFFICE USE ONLY								
(0)	Name 3900 SW 26th Street	ONLINE SUBMISSION [1234946]								
(2)	Address (number and street)	Submitted on:								
	West Park, FL 33023	10/16/2020 21:50:16 (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) ☐ 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								
		10 / 9 / 2020 Report Type: 20G5								
<u>X</u> 0	riginal Amendment Sp	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casł	n & Checks \$, , ,000	Monetary								
Loar	s , , , ,	Transfers to Office Account \$, , , 0 . 00								
	I Monetary \$,,	Total Monetary \$, , , 0 . 00								
In-Ki	and \$,,, <u>0</u> . <u>00</u>									
		(8) Other Distributions \$, , 000_								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, <u>89</u> , <u>375</u> . <u>00</u>	\$, <u>89</u> , <u>130</u> . <u>28</u>								
Ιc		tification on to falsify a public record (ss. 839.13, F.S.) rect, and complete:								
(T	ype name)	(Type name)								
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)								
Х		x								
	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Better Miami				2) I.D. Numbe	er1	476
	10/3/2020		1	0/9/2020		1	0
(3) Cover Perio	od//	thro	ough	11_	(4) Pag	e <u> </u>	of
(5) Date	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

1) Name Bet	ter Miami	(2) I.D. Numbe		URES 1476		
3) Cover Period	10/3/2020 /through	10/9/2020	(4) Page1	of	0	
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sough contribution to a candidate)		(10)	(11) Amount	
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