CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Better Miami	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1214700]						
(2) <u>3900 SW 26th Street</u> Address (number and street)	Submitted on:						
West Park, FL 33023	7/2/2020 22:26:50 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: <u>1476</u>						
(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 <u>6</u> / <u>13</u> / <u>2020</u> To	6 / <u>26</u> / <u>2020</u> Report Type: <u>20P2</u>						
Original Amendment Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
(Monetary						
Cash & Checks \$, , , 0 . 00	Expenditures \$,,,						
Loans \$,,0.00	Transfers to						
	Office Account \$,,,0 . 00						
Total Monetary \$,,,0 00							
• • • • • • • • • • • • • • • • • • • •	Total Monetary \$, , , 00						
In-Kind \$,, <u>0</u> .00							
	(8) Other Distributions \$,, 000						
	·,,						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>89</u> , <u>125</u> . <u>00</u>	\$, <u>89</u> , <u>062</u> . <u>28</u>						
(11) Cer	tification						
	son to falsify a public record (ss. 839.13, F.S.)						
I certify that I have examined this report and it is true, cor	rect, and complete:						
(Type name)	(Type name)						
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
X	<u>X</u>						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Better Miami	(2) I.D. Number1476					476
	6/13/2020		6	/26/2020		-	0
(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	CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name <u>Better Miami</u> (2) I.D. Number <u>1476</u>							
	6/13/2020 6/2 / through	26/2020 _//(4	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								
11								
11								
11								
//								

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES