CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Bal Harbour Is Not For Sale	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	600 Brickell Avenue; Suite 1715	Submitted on:					
	Address (number and street)	9/20/2018 11:14:26 (eastern)					
	Miami, FL 33131						
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number:1993					
(4)	Check appropriate box(es):						
	Candidate Office Sought:						
	Political Committee (PC)	☐ Check here if PC or ECO has disbanded					
	<ul><li></li></ul>	☐ 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					
Cove	, , .	9 / 14 / 2018 Report Type: 18G2					
	riginal Amendment Spo	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
		Monetary					
Cash & Checks \$ , , , , , , , , , ,							
1	s \$ , , 0.00	Townstown to					
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$					
Toto	I Monetary \$ , , 0 . 00	Office Account \$ , , , 0 . 00					
Tota	I Monetary \$ , ,000	Total Monetary \$ . 0 . 00					
I IZ:	ind \$ , , 0.00	Total Monetary \$ , , , 0 . 00					
In-Ki	na	(0) Others Bistailertis					
		(8) Other Distributions \$ , , 0.00					
		\$,, <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$	\$, <u>18</u> , <u>392</u> . <u>95</u>					
		tification					
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:							
(T	ype name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
X		X					
Si	gnature	Signature					

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Bal Harbour Is Not For Sale (2) I.D. Number						1993	
(3) Cover Peri	9/1/2018 od///	thro	9 ough	/14/2018 / /	(4) Pag	je <sup>1</sup>	of <sup>0</sup>	
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6) Sequence Number	(Last, Suffix, First, Middle) 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 <u>Bal</u>	AMPAIGN TREASURER'S Research and the same of the same	(2	2) I.D. Number		1993
B) Cover Period _	9/1/2018 9/ / / through	14/2018 _//(4	1) 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)	(11) Amount
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