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)	11/2/2018 11:08:49 (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)									
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 10 / 20 / 2018 To	0 <u>11</u> / <u>1</u> / <u>2018</u> Report Type: <u>18G7</u>								
Criginal Amendment Sp	pecial Election Report								
(6) Contributions This Report	(7) Expenditures This Report								
	Monetary								
Cash & Checks \$, , , 0 . 00	Expenditures \$, , <u>15</u> . <u>00</u>								
\$ 0.00	Tantan								
Loans \$,, <u>0</u> .00	Transfers to Office Account \$								
Total Monetary \$, , 0.00	· · · · · · · · · · · · · · · · · · ·								
	Total Monetary \$,,,								
In-Kind \$,,0.00	· · · · · · · · · · · · · · · · · · ·								
	(8) Other Distributions								
	\$,, <u>0</u> . <u>00</u>								
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
\$, <u>19</u> , <u>000</u> . <u>00</u>	\$								
(11) Certification									
	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	<u>X</u>								
Signature	Signature								

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name				(2) I.D. Number				
	10/20/2018		1	1/1/2018				
(3) Cover Peri	od / /	thro	ough	I I	(4) Pag	e _1	of	
(5) Date	(7) Full Name	(8)		(9)	(10)	(11)	(12)	
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	- C	ontributor	Contribution	In-kind			
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount	
1 1								
	-							
1 1	-							
1 1								
1 1	<u>14</u>							
1 1	-							
1 1								
	-							
1 1								
3	1		0					
1 1	-							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Bal	CAMPAIGN TREASURER'		2 EXPENDIT (2) I.D. Number		1993
(3) Cover Period	10/20/2018 d/_/through_	11/1/2018 //	4) Page <u>1</u>	of	1
(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
10/31/2018 1	SUNTRUST BANK, PO BOX 305183 NASHVILLE, TN 37230	bank fees	МО		\$15.00
_/ /					
_ / /					
11					
11					
11					
11					

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