

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Miami First
 Name
 (2) 3006 Aviation Avenue; Suite 3A
 Address (number and street)
Coconut Grove, FL 33133
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1301149]

Submitted on:
 12/12/2023 16:36:48 (eastern)

Check here if address has changed (3) ID Number: 2029

(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 1 / 1 / 2019 To 1 / 31 / 2019 Report Type: 19M01

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, 5 , 000 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, 5 , 000 . 00

(8) Other Distributions
 \$, , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$ 1 , 972 , 800 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, 507 , 527 . 34

(11) Certification

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:

(Type name) _____
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
 Signature

(Type name) _____
 Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Miami First (2) I.D. Number 2029
 (3) Cover Period 1/1/2019 through 1/31/2019 (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Miami First

(2) I.D. Number 2029

(3) Cover Period 1/1/2019 through 1/31/2019

(4) Page 1 of 1

(5) Date	(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
(6) Sequence Number					
12/31/1969 //	,			Delete	\$0.00
1					
1/22/2019 //	Lucena, Bernardo 3162 Mary Street Miami, FL 33133	nsf check	MO	Add	\$5,000.00
2					
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