

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
 [1306137]

Submitted on:
 4/10/2024 11:07:37 (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 / 2024 To 3 / 31 / 2024 Report Type: 24Q1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 17 , 131 . 22

Loans \$, , 0 . 00

Total Monetary \$, 17 , 131 . 22

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 0 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 202 , 313 . 27

(10) TOTAL Monetary Expenditures To Date

\$, 523 , 264 . 16

(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

 1/1/2024 through 3/31/2024

(3) Cover Period / / through / / **(4) Page** 1 of 1

(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
(6) Sequence Number		Type	Occupation				
1/5/2024 / /	SeaCoastBank, 396 Alhmabra Circle Suite 150 Coral Gables, FL 33134	B	bank	IN			\$5,626.86
1							
2/6/2024 / /	SeaCoastBank, 396 Alhmabra Circle Suite 150 Coral Gables, FL 33134	B	bank	IN			\$6,024.73
2							
3/6/2024 / /	SeaCoastBank, 396 Alhmabra Circle Suite 150 Coral Gables, FL 33134	B	bank	IN			\$5,479.63
3							
/ /							
/ /							
/ /							
/ /							
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/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Miami First

(2) I.D. Number 2029

(3) Cover Period 1/1/2024 through 3/31/2024

(4) Page 1 of 0

(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					
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