

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Residents First Miami-Dade
 Name
 (2) 1825 Ponce de Leon Blvd; Suite 373
 Address (number and street)
Coral Gables, FL 33134
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1174693]

Submitted on:
 10/5/2018 15:02:09 (eastern)

Check here if address has changed

(3) ID Number: 2203

(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 9 / 15 / 2018 To 9 / 28 / 2018 Report Type: 18G3

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 \$ _____ , _____ , 12 . 00

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 12 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 37 , 500 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 52 , 017 . 00

(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 Residents First Miami-Dade (2) I.D. Number 2203

9/15/2018 through 9/28/2018

(3) Cover Period / / through / / (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 Residents First Miami-Dade

(2) I.D. Number 2203

(3) Cover Period 9/15/2018 through 9/28/2018

(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 | | | | | |
| 9/28/2018 // | REGIONS, 2800 PONCE DE LEON BLVD CORAL GABLES, FL 33134 | bank fee | MO | | \$12.00 |
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