	CAMPAIGN TREASURE	R'S REPORT SUMMARY							
(1)	Improve Miami	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION [1194624]							
(2)	3900 SW 26th Street	Submitted on:							
	Address (number and street) West Park, FL 33023	11/11/2019 07:16:39 (eastern)							
	City, State, Zip Code	<del></del>							
	☐ Check here if address has changed	(3) ID Number: 2250							
(4)	Check appropriate box(es):								
	Candidate Office Sought:  ☐ Political Committee (PC)  ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed								
	(5) Report	Identifiers							
		10 / 31 / 2019 Report Type: 19M10							
<u>X</u> 0	riginal Amendment Spo	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Cash	n & Checks \$ , , 000	Monetary							
Loar		Transfers to Office Account \$ , , , 0 . 00							
	I Monetary \$,,,	Total Monetary \$ , , , 0 . 00							
In-Ki	nd \$,, <u>0</u> . <u>00</u>								
		(8) Other Distributions \$ , , <u>0</u> 00							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$,3 ,00000	\$ , , <u>0</u> . <u>00</u>							
Ιc	(11) Cerr It is a first degree misdemeanor for any pers ertify that I have examined this report and it is true, corr								
_(T	ype name)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
Х		X							
-	gnature	Signature							

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	Improve Miami				2) I.D. Number	r	250
	10/1/2019		1	0/31/2019			
(3) Cover Peri	od//	thro	ough	11_	(4) Page	1	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	Contributor		Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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1 1	_						
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1 1							
1 1							
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1 1							

) Name Impr	ove Miami 10/1/2019 10	(21/2019	MIZED EXPENDITURES (2) I.D. Number 2250			
Cover Period_	/through	//	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) Amoun	
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