	CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Improve Miami	OFFICE USE ONLY ONLINE SUBMISSION						
	Name	[1195320]						
(2)	3900 SW 26th Street	Submitted on:						
	Address (number and street)	12/3/2019 08:05:01 (eastern)						
	West Park, FL 33023 City, State, Zip Code							
	☐ Check here if address has changed	(3) ID Number: 2250						
(4)	Check appropriate box(es):							
(~)	☐ Candidate Office Sought:							
	Political Committee (PC)							
		☐ Check here if PC or ECO has disbanded						
		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	ldentifiers						
	er Period: From <u>11</u> / <u>1</u> / <u>2019</u> To	11 / 30 / 2019 Report Type: 19M11						
X O	Original Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
	!	Monetary						
Cash	h & Checks \$, , 0 . 00	Expenditures \$, , 0 . 00						
	*							
Loar								
and the second	Office Account \$, , , 0 . 00							
Tota	al Monetary \$, , 0 . <u>00</u>	T-t-1Mamatam. A						
	0.00	Total Monetary \$, , 0 . 00						
In-Ki	find \$,,,000							
		(8) Other Distributions						
		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
`,	\$,3_,00000	\$, , 0.00						
	,, ,,	· / /						
	(11) Cert							
	It is a first degree misdemeanor for any person	on to falsify a public record (ss. 839.13, F.S.)						
Ιc	certify that I have examined this report and it is true, corre	ect, and complete:						
(T ₁	ype name)	(Type name)						
	Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		x						
	ignature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Improve Miami			(2) I.D. Number				
	11/1/2019		1	1/30/2019				
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Page	e <u>1</u>	of	
				1	ı T	7		
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6)	(Last, Suffix, First, Middle)							
Sequence	Street Address &	Co	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
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1 1								
9 6								
1 1								
9						3		
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<i>J</i> 1								
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I = I								
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1 1								

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

	ove Miami 11/1/2019 <u>/</u> /throu	11/30/2019	(2) I.D. Number (4) Page1	2	0
Cover Period_	ttmou	yıı	(4) Fage	01	0
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Mido Street Address & City, State, Zip Code	contribution	ught if a Expenditure	(10)	(11) Amoun
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