CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Citizens For A Better Miami Dade Gov								
Name	ONLINE SUBMISSION [1198778]							
(2) <u>3128 Coral Way</u> Address (number and street)	Submitted on:							
Address (number and street) Miami, FL 33145	2/4/2020 18:23:29 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 2318							
(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	Check here if no other IE or EC reports will be filed							
individual making electioneering communications)								
(5) Report Identifiers								
Cover Period: From <u>1</u> / <u>1</u> / <u>2020</u> T	o <u>1</u> / <u>31</u> / <u>2020</u> Report Type: <u>20M01</u>							
☑ Original   □ Amendment   □ S	pecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$ , , , 000	Expenditures \$ , , , 00							
Loans \$,,0.00	Transfers to							
	Office Account \$,, 0 . 00							
Total Monetary \$ , , 0.00								
	Total Monetary \$ , , 0 . 00							
In-Kind \$,, 0 00								
	(8) Other Distributions							
	\$,, <u>0</u> . <u>00</u>							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$,, <u>0</u> <u>00</u>	\$,, <u>0</u> . <u>00</u>							
(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:								
	I							
(Type name)	(Type name)							
or electioneering comm.)								
X	X							
Signature	Signature							

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(1) NameCitizens For A Better Miami Dade Governmen(2) I.D. Number2318							
(3) Cover Perio	1/1/2020 od//	thro	1 Dugh	/31/2020	(4) Pag	e <sup>1</sup>	of <sup>0</sup>	
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Со Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount	
<i>I I</i>	-							
1 1	-							
1 1	-							
1 1	-							
I I	-							
1 1	-							
1 1	-							
1 1	_							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) NameCitizens For A Better Miami Dade Government (2) I.D. Number2318								
(3) Cover Period	1/1/2020 1/through	1/31/2020 / (4	I) Page <u>1</u>	of	0			
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Purpose (add office sought if contribution to a	(9) Expenditure	(10)	(11)			
Number	City, State, Zip Code	candidate)	Туре	Amendment	Amount			
_/_/								
_/ /								
_/_/								
_/_/								
11								

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES