	CAMPAIGN TREASURE	R'S REPORT SUMMARY							
(1) (2)	Citizens For A Better Miami Dade Gove Name 3128 Coral Way	OFFICE USE ONLY ONLINE SUBMISSION [1223666] Submitted on:							
,	Address (number and street)  Miami, FL 33145  City, State, Zip Code	8/7/2020 11:13:01 (eastern)							
	Check here if address has changed	(3) ID Number: 2318							
(4)	(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 PTY has disbanded ☐ Check here if no other IE or EC reports will be filed								
	(5) Report	Identifiers							
		8 / 13 / 2020 Report Type: 20P7 ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
	n & Checks \$,,,	Monetary Expenditures \$ , , 0 . 00  Transfers to							
	I Monetary \$,,	Office Account       \$							
III-IXI	Tid	(8) Other Distributions \$ , , 000							
(9)	TOTAL Monetary Contributions To Date \$ , , 000_	(10) TOTAL Monetary Expenditures To Date \$,,000							
<u>(T)</u>	(11) Cert It is a first degree misdemeanor for any pers Pertify that I have examined this report and it is true, corr Pype name) Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)								
X		_X							
Sig	gnature	Signature							

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

(1) Name	Citizens For A Better Miami Dade Governmen (2) I.D. Number 2318										
(2) Cover Berid	8/1/2020	thre	8 Suah	/13/2020	/4) Dog	<u> </u>	<b>af</b> 0				
(3) Cover Perio	od / /		Jugii	<i>L</i>	(4) Pag	е	OI				
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)				
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	Co	ontributor	Contribution	In-kind						
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount				
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name _	Citiz	ens For	. A	Better Mi	iami Dad	e G	overnment	(2) I.D. Nun	nber_		2318	
(3) Cover P	eriod	8/1/20	20	/ throu	8/1 ugh	3/20 /	020	(4) Page	1	of	0	

(5) Date	(7) Full Name	(8)	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
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