	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1) (2)	Citizens For A Better Miami Dade Gove Name 3128 Coral Way	OFFICE USE ONLY ONLINE SUBMISSION [1247051]						
(-)	Address (number and street) Miami, FL 33145 City, State, Zip Code	Submitted on: 7/7/2021 13:27:12 (eastern)						
	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) 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						
	er Period: From $\frac{6}{2}$ / $\frac{1}{2}$ / $\frac{2021}{2021}$ To	6 / 30 / 2021 Report Type: 21M06 ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Cash	n & Checks \$,,,	Monetary						
Loar		Transfers to Office Account \$, , , 0 . 00						
Tota In-Ki	Monetary \$,,,0 on	Total Monetary \$, , 0 . <u>00</u>						
		(8) Other Distributions \$, , 000						
(9)	TOTAL Monetary Contributions To Date \$,64 ,00000_	(10) TOTAL Monetary Expenditures To Date \$,45_ ,22290_						
<u>(T</u>		tification on to falsify a public record (ss. 839.13, F.S.) rect, and complete: (Type name) Candidate Chairperson (only for PC and PTY)						
X	<u></u>	X						
Sig	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) NameCitizens For A Better Miami Dade Governmen (2) I.D. Number2318										
(3) Cover Perio	6/1/2021 d////	through	5/30/2021 /	(4) Pag	je <u>1</u>	of				
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)	(9)	(10)	(11)	(12)				
Sequence Number	Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount				
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1 1										
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Name Citiz	zens For A Better Miami Da		D EXPENDITURES 2) I.D. Number		2318	
Cover Period _	/through		l) Page <u>1</u>	of _	0	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose (add office sought if	(9)	(10)	(11)	
Sequence Number	Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amoun	
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7						