CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Citizens For A Better Miami Dade Gov								
Name	ONLINE SUBMISSION [1254567]							
(2) <u>3128 Coral Way</u> Address (number and street)	Submitted on:							
Miami, FL 33145	2/4/2022 12:46:38 (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>2022</u> To	1 / 31 / 2022 Report Type: 22M01							
☑ Original	pecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$, , , 0 . 00	Expenditures \$,, <u>30</u> .00							
Loans \$,,0.00	Transfers to							
	Office Account \$,,,0.00							
Total Monetary \$, , 0.00								
	Total Monetary \$, , 30 . 00							
In-Kind \$,,								
	(8) Other Distributions							
	\$,, <u>0</u> . <u>00</u>							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$, <u>64</u> , <u>000</u> . <u>00</u>	\$,45 ,30290							
(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:								
	(Type name)							
(Type name)	Candidate Chairperson (only for PC and PTY)							
or electioneering comm.)								
x	x							
Signature	Signature							

DS-DE 12 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(1) Name <u>Citizens For A Better Miami Dade Governmen</u> (2) I.D. Number <u>2318</u>							
(2) O	1/1/2022	the	1	/31/2022	(4) D	- 1	.. 0	
(3) Cover Perio	od//	unic	ougn	<i>II</i>	(4) Page	e	or	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence	Street Address &	C	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
1 1	-							
1								
1 1	_							
1 1	-	-						
1 1	-							
1	_							
/ /	_							
/ /	_							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name <u>Cit</u>	CAMPAIGN TREASURER'S izens For A Better Miami	Dade Government) EXPENDIT 2) I.D. Number		2318
(3) Cover Period	1/1/2022 I/through	1/31/2022 //	4) Page <u>1</u>	of_	1
(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) Amendment	(11) Amount
1/31/2022 1	Florida, City National Bank of 2855 S Le Jeune Rd STE 100 Coral Gables, FL 33134	bank fees	МО		\$30.00
_/ /					
_/ /					
_ / /					
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DS-DE 14 (Rev. 11/13)

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