CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Citizens For A Better Miami Dade Government
Name

(2) 3128 Coral Way
Address (number and street)

Miami, FL 33145
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 **4** / **1** / **2022** To **4** / **30** / **2022** Report Type: **22M04**

☒ Original   ☐ Amendment   ☐ Special Election Report

(6) Contributions This Report

Cash & Checks $ ___ , ___ , 0 . 00

Loans $ ___ , ___ , 0 . 00

Total Monetary $ ___ , ___ , 0 . 00

In-Kind $ ___ , ___ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures $ ___ , ___ , 0 . 00

Transfers to Office Account $ ___ , ___ , 0 . 00

Total Monetary $ ___ , ___ , 0 . 00

(8) Other Distributions

$ ___ , ___ , 0 . 00

(9) TOTAL Monetary Contributions To Date

$ ___ , 64 , 000 . 00

(10) TOTAL Monetary Expenditures To Date

$ ___ , 64 , 000 . 00

(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) _____

☐ Individual (only for IE or electioneering comm.)   ☐ Treasurer   ☐ Deputy Treasurer

X _____
Signature

(Type name) _____

☐ Candidate   ☐ Chairperson (only for PC and PTY)

X _____
Signature

DS-DE 12 (Rev. 11/13)   **SEE REVERSE FOR INSTRUCTIONS**

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name _Citizens For A Better Miami Dade Government_ **(2) I.D. Number** _2318_

(3) Cover Period _4/1/2022_ ___/___/___ through _4/30/2022_ ___/___/___ **(4) Page** _1_ of _0_

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
___/___/___							
___/___/___							
___/___/___							
___/___/___							
___/___/___							
___/___/___							
___/___/___							
___/___/___							

DS-DE 13 (Rev. 11/13)   SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _Citizens For A Better Miami Dade Government_   **(2) I.D. Number** _2318_

(3) Cover Period _4/1/2022_ / / through _4/30/2022_ / /   **(4) Page** _1_ of _0_

(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
/ /					
/ /					
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/ /					
/ /					

DS-DE 14 (Rev. 11/13)   SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES