

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Kate Miano
 Name

(2) 526 Angela St
 Address (number and street)

Key West, FL 33040
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1173111]

Submitted on:
 9/20/2018 11:37:34 (eastern)

Check here if address has changed

(3) ID Number: 427

(4) Check appropriate box(es):

- Candidate Office Sought: City of Key West Mayor
- 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 individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 1 / 1 / 2018 To 9 / 20 / 2018 Report Type: TRQ

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 \$, 5 , 771 . 39

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, 5 , 771 . 39

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 22 , 694 . 44

(10) TOTAL Monetary Expenditures To Date

\$, 22 , 694 . 44

(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

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Kate Miano (2) I.D. Number 427

(3) Cover Period 1/1/2018 through 9/20/2018 (4) Page 1 of 0

(5) Date	(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Kate Miano

(2) I.D. Number 427

(3) Cover Period 1/1/2018 through 9/20/2018

(4) Page 1 of 1

(5) Date	(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
(6) Sequence Number					
9/20/2018 / /	Miano, Kate 526 Angela Street Key West, FL 33040	repay of loan	MO		\$5,771.39
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