

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Miamians for an Independent and Accountable Mayors Initiative **OFFICE USE ONLY 3.19.2018**

Name

(2) PO BOX 453406

Address (number and street)

Miami, FL 33245

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 30

(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

Cover Period: From 1 / 1 / 2019 To 1 / 31 / 2019 Report Type: M01

☒ 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 \$, , 15 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 15 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ 1 , 338 , 334 . 00

(10) TOTAL Monetary Expenditures To Date

\$ 1 , 337 , 648 . 39

(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 Miamians for an Independent and Accountable Mayors Initiative, Inc. **(2) I.D. Number** 30
(3) Cover Period 3.19.2018 1/1/2019 through 1/31/2019 **(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
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Miamians for an Independent and Accountable Mayor's Initiative, Inc. 303.19.2018 (2) I.D. Number _____

(3) Cover Period 1/1/2019 through 1/31/2019

(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
1/31/2019 / / 1	PACIFIC NATIONAL BANK , 255 ARAGON AVE CORAL GABLES , FL 33134	bank fee	MO		\$15.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					