

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Miamians for an Independent and Accountable Mayors Initiative OFFICE USE ONLY 3.19.2018
ONLINE SUBMISSION
[1174618]

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)

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 8 / 1 / 2018 To 8 / 31 / 2018 Report Type: M08

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 \$, , 147 . 60

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 147 . 60

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ 1 , 236 , 483 . 00

(10) TOTAL Monetary Expenditures To Date

\$ 1 , 092 , 824 . 83

(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** _____
(3) Cover Period 3.19.2018 8/1/2018 through 8/31/2018 **(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 Miamians for an Independent and Accountable Mayor's Initiative, Inc. 303.19.2018 (2) I.D. Number _____

8/1/2018 through 8/31/2018

(3) Cover Period _____ through _____ (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					
8/31/2018 / /	ANEDOT , 4017 BUENA VISTA ST. #109 Dallas, TX 75204	transaction fees	MO	Add	\$80.60
1					
8/31/2018 / /	PACIFIC NATIONAL BANK , 255 ARAGON AVE, CORAL GABLES , FL 33134	bank fees	MO	Add	\$67.00
2					
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