CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Cynthia Mason Jaquith	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	PO BOX 380641	Submitted on:							
	Address (number and street) Miami, FL 33238	11/27/2017 16:46:28 (eastern)							
	City, State, Zip Code	<del></del>							
	Check here if address has changed	(3) ID Number: 20							
(4)	Check appropriate box(es):								
. ,	<ul> <li>☐ Candidate Office Sought: Mayor</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> </ul>	Check here if PC or ECO has disbanded							
	☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)	☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed							
	(5) Report	Identifiers							
		2 / 5 / 2018 Report Type: TR							
X O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casł	n & Checks \$ , , 000	Monetary							
Loar	s , , , , 000	Transfers to Office Account \$ , , , 0 . 00							
	I Monetary \$,,	Total Monetary \$ , , _15 . 00							
In-Ki	nd \$,, <u>0</u> . <u>00</u>								
		(8) Other Distributions \$ , , <u>0</u> 00							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>102</u> . <u>00</u>	\$, <u>102</u> . <u>00</u>							
	It is a first degree misdemeanor for any pers								
I certify that I have examined this report and it is true, correct, and complete:									
	ype name)  Individual (only for IE  Treasurer Deputy Treasurer electioneering comm.)	(Type name)  ☐ Candidate ☐ Chairperson (only for PC and PTY)							
X		X							
Si	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name								
	11/3/2017		2	/5/2018		1	0	
(3) Cover Perio	od/	thro	ough	<i>l l</i>	(4) Pag	e <u> </u>	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence	Street Address &		ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Cyn	thia	Mason	Jaqu	ith			 (2) I.D. Nun	nber	2	30	
	1	1/3/20	17		2/5/201	8					
(3) Cover Perio	d	I	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
11/13/2017	TD Bank, 9005 Biscayne Blvd. Miami Shores, FL 33138	bank fee	МО		\$15.00
1 11/20/2017 / 2	Guerra, Charles 261 NW 3th St. Apt. 1 Miami, FL 33127	return to contributor	DI		\$28.35
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