

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Miamians for an Independent and Accountable Mayors Initiative OFFICE USE ONLY 3.19.2018  
ONLINE SUBMISSION  
[1181881]  
Submitted on:  
1/3/2019 14:02:42 (eastern)

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 12 / 1 / 2018 To 12 / 31 / 2018 Report Type: M12

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 ,     633 . 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** \_\_\_\_\_  
**(3) Cover Period** 3.19.2018 12/1/2018 through 12/31/2018 **(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 \_\_\_\_\_

12/1/2018 through 12/31/2018

(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					
12/31/2018 //	PACIFIC NATIONAL BANK , 255 ARAGON AVE CORAL GABLES , FL 33134	bank fee	MO		\$15.00
1					
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