

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Michael Grieco Campaign
 Name
 (2) 175 SW 7th Street, Suite 2410
 Address (number and street)
Miami, FL 33130
 City, State, Zip Code

OFFICE USE ONLY

RECEIVED
 2017 NOV - 1 PM 3:18
 CITY OF MIAMI BEACH
 OFFICE OF THE CITY CLERK

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Commission Group 2

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 08 / 01 / 16 To 08 / 31 / 16 Report Type: M8

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 500.00

Loans \$ _____, _____, 0.00

Total Monetary \$ _____, _____, 500.00

In-Kind \$ _____, _____, 0.00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 41.28

Transfers to Office Account \$ _____, _____, 0.00

Total Monetary \$ _____, _____, 41.28

(8) Other Distributions

\$ _____, _____, 0.00

(9) TOTAL Monetary Contributions To Date

\$ _____, 92, 500.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 1, 078.13

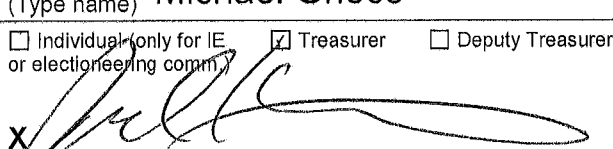
(11) Certification

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) Michael Grieco

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X 
Signature

(Type name) Michael Grieco

Candidate Chairperson (only for PC and PTY)

X 
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Michael Grieco Campaign (2) I.D. Number _____

(3) Cover Period 08 / 01 / 16 through 08 / 31 / 16 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11)	(12)
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
08 / 31 / 16 20	Peter McLean 520 West Avenue, Suite 601 Miami Beach, FL 33139	IND	Retired	CHE		DEL	\$1000.00
08 / 31 / 16 35	Peter McLean 520 West Avenue, Suite 601 Miami Beach, FL 33139	IND	Retired	CHE		ADD	\$500.00
08 / 31 / 16 36	Tamara Rojas 2370 NE 135 Street, Unit 207 North Miami, FL 33181	IND	Dentist	CHE		ADD	\$1000.00
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Michael Grieco Campaign

(2) I.D. Number _____

(3) Cover Period 08 / 01 / 16 through 08 / 31 / 16

(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					
08 / 11 / 16	Sabadell PO Box 5460 Hiialeah, FL 33014	Bank Fee	MON	ADD	\$41.28
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					