

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

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: Commission Group 2
 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 / 01 / 16 To 12 / 31 / 16 Report Type: M12
 Original Amendment Special Election Report

(6) **Contributions This Report**

Cash & Checks	\$	_____	,	_____	,	<u>0</u>	.	<u>00</u>
Loans	\$	_____	,	_____	,	<u>0</u>	.	<u>00</u>
Total Monetary	\$	_____	,	_____	,	<u>0</u>	.	<u>00</u>
In-Kind	\$	_____	,	_____	,	<u>0</u>	.	<u>00</u>

(7) **Expenditures This Report**

Monetary Expenditures	\$	_____	,	_____	,	<u>23</u>	.	<u>78</u>
Transfers to Office Account	\$	_____	,	_____	,	<u>0</u>	.	<u>00</u>
Total Monetary	\$	_____	,	_____	,	<u>23</u>	.	<u>78</u>

(8) **Other Distributions**
 \$ _____ , _____ , 0 . 00

(9) **TOTAL Monetary Contributions To Date**
 \$ _____ , 235 , 252 . 00

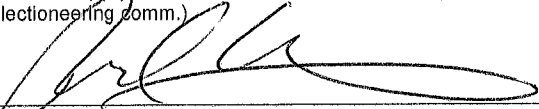
(10) **TOTAL Monetary Expenditures To Date**
 \$ _____ , 5 , 424 . 31

(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 12 / 01 / 16 through 12 / 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 Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
/ /							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Michael Grieco Campaign

(2) I.D. Number _____

(3) Cover Period 12 / 01 / 16 through 12 / 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
12 / 13 / 16	Sabadell PO Box 5460 Hialeah, FL 33014	Bank Fee	MON	ADD	\$23.78
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