

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Miami Beach For All

Name

(2) 2618 Centennial Place

Address (number and street)

Tallahassee, FL 32308

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: _____

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 12 / 01 / 16 To 12 / 31 / 16 Report Type: M12

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0.00

Loans \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , 0.00

In-Kind \$ _____ , _____ , _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 3.00

Transfers to Office Account \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , 3.00

(8) Other Distributions

\$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 100.00

(10) TOTAL Monetary Expenditures To Date

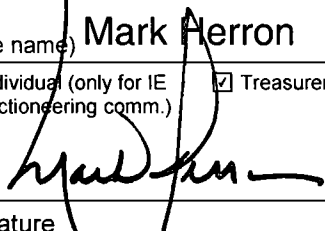
\$ _____ , _____ , 3.00

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

X 
Signature

(Type name) _____
 Candidate Chairperson (only for PC and PTY)

X _____
Signature

OFFICE USE ONLY
 2017 JAN 5 10:01
 CITY CLERK'S OFFICE

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Miami Beach For All (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 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 Miami Beach Advisory Council

(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
(6) Sequence Number					
12 / 27 / 16	Hancock Bank P.O. Box 4019 Gulfport, MS 39502-4019	Dormant Account Fee	MON		\$3.00
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