CAMPAIGN TREASURER'S REPORT SUMMARYCE MEDICAL CONTROL OF THE PROPERTY OF THE P						
(1) Save Mians Beach 20/	OÊFICEDUSE ONLY 1: 22					
Name (2) 1051 Mich on Ave #3	CITY CLERK'S OFFICE					
Address (number and street)						
Mian Berch, FL, 33/39						
City, State, Zip Code	(a) ID Novelous					
Check here if address has changed	(3) ID Number:					
(4) Check appropriate box(es):  ☐ Candidate Office Sought:						
☐ Candidate Office Sought.  ☐ Political Committee (PC)						
☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded☐ Check here if PTY has disbanded					
☐ Party Executive Committee (PTY) ☐ Check here if PTY has disbanded ☐ Independent Expenditure (IE) (also covers an ☐ Check here if no other IE or EC reports will be filed						
individual making electioneering communications)						
(5) Report Identifiers						
Cover Period: From $\frac{9}{2}$ / $\frac{1}{2}$ / $\frac{1}{2}$ / $\frac{1}{2}$ / $\frac{1}{2}$	9 / $30$ / $26/6$ Report Type: $M-07$					
Original Amendment Special Election Report						
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$	Monetary Expenditures \$ , , , O					
Loans \$ , , .	Transfers to					
	Office Account \$,,					
Total Monetary \$ , ,						
<b>6</b>	Total Monetary \$ , ,					
In-Kind \$,	(8) Other Distributions					
	\$ , ,					
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
\$, <u>36</u> ,755.00	\$, <b>3</b> 5, <u>186 43</u>					
(44) Contition						
(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) Daniel Choldo	(Type name) Daniel Grald					
☐ Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
	1 ( ) d ( ) d					
X forth Constant	X Signature					

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES  (1) Name Save Mini Bach 20/6 (2) I.D. Number (2)						
(3) Cover Period	d <u> </u>	30,16	l) Page/	 of _		
(5) Date (6) Sequence Number	(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)	(11) Amount	
9/14/16	City National Sent of Fl 300 715+ Street Mieni Beach FL 33/41	Service Fee	iei		410	
9/19/16	Eileen Motos 2121 Bizarritz Dave muni Beach, FL, 33141	Campaign. Wash	iei		110	
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