	CAMPAIGN TREASURE	R'S REPORT SUMMARY								
(1)	Cindy A. Mattson	OFFICE USE ONLY								
` '	Name	ONLINE SUBMISSION								
(2)	1700 Meridian Avenue; 403	[1141500]								
	Address (number and street)	Submitted on:								
	Miami Beach, FL 33139	4/8/2017 09:17:03 (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:17								
(4)	Check appropriate box(es):									
	<ul> <li>☑ Candidate Office Sought: Commissioner Group III</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> </ul> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be filed</li>									
	(5) Report	Identifiers								
Cove		3 / 31 / 2017 Report Type: M03								
X O	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Cash	n & Checks \$,2, _00000	Monetary Expenditures \$ ,3 , 625 . 00								
Loar	s \$, <u>5</u> , <u>000</u> . <u>00</u>	Transfers to Office Account \$ , , 0 . 00								
Tota	I Monetary \$ , 7 , _00000	Total Monetary \$ , 3 ,625 . 00								
In-Ki	nd \$,, <u>0</u> . <u>00</u>									
		(8) Other Distributions \$ , , 000								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$,7_,00000_	\$, <u>3</u> , <u>625</u> . <u>00</u>								
<u>(T)</u>	(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    Deputy Treasurer									
Х		X								
Sig	gnature	Signature								

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	. Mat	tson		(2) I.D. Number							
	3/	1/201	7		3/31/	2017					
(3) Cover Peri	od	1	1	through	7	1	(A) Page	1	of	1	

<u> </u>		T	3	,		T T	
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)			_			
Sequence	Street Address &		ontributor	Contribution	In-kind	Annualization	
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
3/23/2017	mattson, cindy 1700 Meridian Ave 403 MIami Beach, FL 33139	S	consultant	LLO			\$5,000.00
1							
3/30/2017	Berkowitz, Jeff 2665 south bayshore drive suite 1200	В	developer	СН			\$1,000.00
2	coconut grove, fl 33133						
3/31/2017	Halegua, Ino 1000 south point drive #301	I	physician	СН			\$1,000.00
3	Miami Beach, FL 33139						
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Cind	γ A.	Matt	son				 (2) I.D. Nun	nber	]	L7	- in
	3,	/1/201	17		3/31/2	017					
(3) Cover Period		1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
3/12/2017	MV Almer Productions Inc., 13333 SW 59th Court Miami, FL 33156	consultant	MO		\$3,000.00
3/12/2017	MV Almer Productions, 13333 SW 59th Court Miami, FL 33156	event supplies	МО		\$625.00
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