	CAMPAIGN TREASURE	R'S REPORT SUMMARY							
(1)	Citizens for a Safe Miami Beach	OFFICE USE ONLY							
ā a	Name	ONLINE SUBMISSION							
(2)	1020 Ocean Drive	Submitted on:							
	Address (number and street) Miami Beach, FL 33139	9/5/2017 17:15:48 (eastern)							
	City, State, Zip Code								
	☐ Check here if address has changed	(3) ID Number: 26							
(4)	Check appropriate box(es):	(5)							
(")	☐ Candidate Office Sought:								
	☐ Candidate Office Sought								
	☐ Electioneering Communications Org. (ECO) ☐ Check here if PC or ECO has disbanded								
	 ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed 								
	individual making electioneering communications)	_ Oliecte in the other in of new reports will be into							
	(5) Paravi	1.1 (10)							
Cove	• • •	: Identifiers							
	er Period: From $\frac{8}{2}$ / $\frac{1}{2}$ / $\frac{2017}{201}$ To								
<u></u>	riginal Amendment Spe	ecial Election Report T							
(6)	Contributions This Report	(7) Expenditures This Report							
Cash	n & Checks \$, , 0 . 00	Monetary Expenditures \$, , 0 . 00							
Loar	ns \$,, <u>5</u> . <u>00</u>	Transfers to Office Account \$							
Tota	I Monetary \$, , 5 . 00	Office Account \$, , , 0 . 00							
Tota	,,,,,,,,	Total Monetary \$, , 0 . 00							
In-Ki	ind \$, , 0.00	, , , , , , , , , , , , , , , , , , , ,							
		(8) Other Distributions							
		\$,, <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$	\$, , <u>0</u> . <u>00</u>							
	(44) 0-4	(15) - Al							
	(11) Cert It is a first degree misdemeanor for any pers								
Ιc	certify that I have examined this report and it is true, corre	ect, and complete:							
(Ty	ype name)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
Х		×							
	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Citizens for a Saf	e Mia	mi Beach		2) I.D. Numbe	er2	26
	8/1/2017	14 Bustonia (16 Bu		/31/2017			1
(3) Cover Perio	od//	thro	ough	<i>l l</i>	(4) Pag	e <u> </u>	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
8/11/2017	VELASCO, ANA CECILIA 1020 OCEAN DRIVE	Ï		LO			\$5.0
1	MIAMI BEACH, FL 33139						
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I) Name <u>Citi</u> B) Cover Period	zens for a Safe Miami Bea 8/1/2017 8 / / through	cn /31/2017 _//(2	2) I.D. Number 4) Page <u>1</u>	·	0
(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
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2 4				15 14	