CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Citizens for a Safe Miami Beach	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	1020 Ocean Drive	Submitted on:							
	Address (number and street)	11/1/2019 15:37:17 (eastern)							
	Miami Beach, FL 33139 City, State, Zip Code								
	☐ Check here if address has changed	(3) ID Number: 31							
(4)	_	(6) 12 (1411)							
()	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							
Cove	er Period: From 10 / 19 / 2019 To	10 / 31 / 2019 Report Type: G03							
X O	riginal Amendment Spo	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$, , _10 . 00	Monetary							
Loar		Transfers to Office Account \$, , , 0 . 00							
Tota	I Monetary \$, , _10 . 00	Total Monetary \$, , 20 . 00							
In-Ki	and \$,,,000								
		(8) Other Distributions \$, , 000_							
(9)	(9) TOTAL Monetary Contributions To Date \$								
(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 Treasurer Deputy Treasurer or electioneering comm.) (Type name) Candidate Chairperson (only for PC and PTY)									
X	gnature	X Signature							
. OI	unaure	i olulature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Citizens for a Saf	e Mia	mi Beach		2) I.D. Numbe	er3	1
	10/19/2019			0/31/2019			
(3) Cover Perio	od//	thro	ough	<i>I I</i>	(4) Pag	je	of
-				Y .		T	
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &		ontributor	Contribution	In-kind		# CONTROL CONT
Number	City, State, Zip Code VELASCO , CECILIA	Type I	Occupation	Type CA	Description	Amendment	Amount \$10.0
10/31/2019	ANA			CA			\$10.0
1 1	1523 EUCLID AVENUE						
1	APT. 8 MIAMI, FL 33139						
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Citizens	for	a Safe	Miami	Beach		-	(2) I.D. Nun	nber	3	31	
	10,	19/2	019		10/31/	2019						
(3) Cover Pe	riod	1	1	through	1 /	1		(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
10/31/2019	CITY NATIONAL BANK , 300 71ST STREET MIAMI BEACH , FL 33141	bank fee	MO		\$20.00
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