CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Citizens for a Safe Miami Beach	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1186783]							
(2) 1020 Ocean Drive	Submitted on:							
Address (number and street) Miami Beach, FL 33139	4/9/2019 13:32:14 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number:31							
(4) Check appropriate box(es):								
Candidate Office Sought:								
☑ Political Committee (PC)								
	Check here if PC or ECO has disbanded 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 <u>3</u> / <u>1</u> / <u>2019</u> To	3/ 31/ 2019 Report Type:M03							
☑ Original	ecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$ , , , 0 . 00	Expenditures \$ , , , 00							
Loans \$,,_0.00	Transfers to							
	Office Account \$,,,0.00							
Total Monetary \$ , , 0.00								
·	Total Monetary \$, , 20.00							
In-Kind \$,, <u>0</u> .00								
	(8) Other Distributions							
	\$,, 00							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$, 801, 008.00	\$, 800, 935, 92							
(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)	(Type name)							
Individual (only for IE Treasurer Deputy Treasurer	Candidate Chairperson (only for PC and PTY)							
or electioneering comm.)								
X	x							
Signature	Signature							

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	<u>Citizens for a Saf</u>	Citizens for a Safe Miami Beach (2) I.D. Number 31						
	3/1/2019			/31/2019				
(3) Cover Pe	eriod / /	thro	bugh	<i>ll</i>	(4) Pag	e _1	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence	Street Address &	Co	ontributor	Contribution	In-kind			
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount	
1 1								
1 1								
1 1								
1 1								
1 1								
1 1								
1 1								
1 1								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Cit	<b>CAMPAIGN TREASURER'</b> izens for a Safe Miami B	each (	EXPENDITURES 2) I.D. Number 31		
(3) Cover Period	3/1/2019 I/ through_	3/31/2019 /(	4) Page <u>1</u>	of	1
(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) Amendment	(11) Amount
	CITY NATIONAL BANK, 300 71ST STREET MIAMI BEACH, FL 33141	bank fee	МО		\$20.00
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_/ /					
_/ /					
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_/ /					
11					
11					

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