CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Citizens for a Safe Miami Beach	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1150269]						
(2) 1020 Ocean Drive	Submitted on:						
Address (number and street) Miami Beach, FL 33139	3/6/2018 14:40:48 (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)	Charle have if DC on 500 has disharded						
	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>2</u> / <u>1</u> / <u>2018</u> To	2 / <u>28</u> / <u>2018</u> Report Type: <u>M2</u>						
☐ Original							
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$, , , 0 . 00	Expenditures \$, , <u>10</u> . <u>00</u>						
Loans \$,,_0.00	Transfers to						
	Office Account \$,,,0.00						
Total Monetary \$, , 0.00							
·	Total Monetary \$, , _10 . 00						
In-Kind \$,,0 00							
	(8) Other Distributions						
	\$,, 00						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>801</u> , <u>008</u> . <u>00</u>	\$, 800, 675, 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						
	2/1/2018			/28/2018				
(3) Cover Per	riod / /	thro	ough	<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 &	C	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	CAMPAIGN TREASURER' izens for a Safe Miami B	each (EXPENDITURES I.D. Number 31		
(3) Cover Period	2/1/2018 I/through_	2/28/2018 /(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		\$10.00	
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_/ /						
_/ /						
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11						
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