CAMPAIGN TREASURER'S REPORT SUMMARY									
(1) Citizens for a Safe Miami Beach	OFFICE USE ONLY								
Name	ONLINE SUBMISSION [1203833]								
(2) 1020 Ocean Drive	Submitted on:								
Address (number and street) Miami Beach, FL 33139	4/8/2020 14:12:22 (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)									
	<ul> <li>Check here if PC or ECO has disbanded</li> <li>Check here if PTY has disbanded</li> </ul>								
Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed								
individual making electioneering communications)	individual making electioneering communications)								
(5) Repor	t Identifiers								
Cover Period: From <u>3</u> / <u>1</u> / <u>2020</u> To	3/ 31/ 2020 Report Type: <u>M3</u>								
☑ 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 \$,,,0								
In-Kind \$,, <u>0</u> .00									
	(8) Other Distributions								
	\$,, 00								
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
\$, <u>801</u> , <u>238</u> . <u>00</u>	\$, <u>801</u> , <u>115</u> . <u>92</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) (Type name)									
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)								
X	<u>X</u>								
Signature	Signature								

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

	(1) Name	Citizens for a Safe Miami Beach (2) I.D. Number 31						
3/1/2020 3/31/202								
	(3) Cover Perio	od / /	thro	ough	<i>ll</i>	(4) Pag	e _1	of
	(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
	(6) Sequence	(Last, Suffix, First, Middle) Street Address &	c c	ontributor	Contribution	In-kind		
	Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount
3	1 1							
_	1 1							
2	1 1							
	1 1						<u> </u>	
-	1 1							
	1 1							
	1 1	-						
	1 1							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name <u>Cit</u>	<b>CAMPAIGN TREASURER'</b> izens for a Safe Miami B	Beach	EXPENDITURES 2) I.D. Number31		
(3) Cover Period	3/1/2020 // through_	3/31/2020 / /	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	MO		\$20.00
_/ /					
_/ /					
_/ /					
_/ /					
_/ /					
11					
_/ /					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES