CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Citizens for a Safe Miami Beach	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1207188]						
(2) 1020 Ocean Drive	Submitted on:						
Address (number and street) Miami Beach, FL 33139	5/11/2020 17:26:12 (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) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) 							
(5) Report	t Identifiers						
Cover Period: From <u>4</u> / <u>1</u> / <u>2020</u> To	4 / 30 / 2020 Report Type:M4						
☑ Original	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$, , , 000	Monetary Expenditures \$, , , 00						
Loans \$,, <u>0</u> .00	Transfers to Office Account \$						
Total Monetary \$	Total Monetary \$, , , , 00						
	(8) Other Distributions \$,,000						
(9) TOTAL Monetary Contributions To Date \$, <u>801</u> , <u>238</u> . <u>00</u>	(10) TOTAL Monetary Expenditures To Date \$, <u>801</u> , <u>135</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	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						
	4/1/2020			/30/2020				
(3) Cover F	Period / /	thro	bugh	II	(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								
<i>F</i> 1								
1 1								
1 1								
1 1								
1 1								
1 1								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name <u>Cit</u>	CAMPAIGN TREASURER izens for a Safe Miami E	Beach		EXPENDITURES 2) I.D. Number 31		
(3) Cover Period	4/1/2020 // through	4/30/2020 / /	(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 33014	bank fee	МО		\$20.00	
_/ /						
_/ /						
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_ / /						
_ / _						
11						
11						

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