CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Citizens for a Safe Miami Beach	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1156432]						
(2) <u>1020 Ocean Drive</u>	Submitted on:						
Address (number and street)	6/8/2018 11:56:07 (eastern)						
Miami Beach, FL 33139 City, State, Zip Code							
Check here if address has changed	(3) ID Number: 31						
_	(3) ID Number:31						
(4) Check appropriate box(es):							
Candidate Office Sought:							
Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded						
Party Executive Committee (PTY)	Check here if PTY has disbanded						
Independent Expenditure (IE) (also covers an individual making electioneering communications)	Check here if no other IE or EC reports will be filed						
(5) Report Identifiers							
Cover Period: From <u>5</u> / <u>1</u> / <u>2018</u> To	5 / <u>31</u> / <u>2018</u> Report Type: <u>M5</u>						
Original Amendment S	pecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$, ,000	Expenditures \$,, 20 . 00						
Loans \$,,0.00	Transform to						
Loans \$,, 0.00	Transfers to Office Account						
Total Monetary \$, , 0.00	· · · · · · · · · · · · · · · · · · ·						
	Total Monetary \$,, 20 . 00						
In-Kind \$,,0.00	· · · · · · · · · · · · · · · · · · ·						
	(8) Other Distributions						
	\$,, <u>0</u> . <u>00</u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, 801 , 008 . 00	\$, 800 , 735 . 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, co							
(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	Citizens for a Safe Miami Beach (2) I.D. Number 31						
	5/1/2018			/31/2018			
(3) Cover Per	iod / /	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 &	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	Beach (EXPENDITURES 2) I.D. Number 31		
(3) Cover Period	5/1/2018 I/through_	5/31/2018 /(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 71 STREET MIAMI BEACH, FL 33141	bank fee	МО		\$20.00
_/ /					
_/ /					
_/ /					
//					
_/ /					
11					
_/ /					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES