CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Citizens for a Safe Miami Beach	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	1020 Ocean Drive	Submitted on:						
	Address (number and street)	6/9/2020 13:53:09 (eastern)						
	Miami Beach, FL 33139							
	City, State, Zip Code	(0) 17)						
	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)	☐ Check here if PC or ECO has disbanded						
	☐ Party Executive Committee (PTY)	☐ Check here if PTY has disbanded						
		☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Repor	t Identifiers						
Cove	er Period: From $\frac{5}{2}$ / $\frac{1}{2020}$ To	5 / 31 / 2020 Report Type: <u>M5</u>						
X O	riginal Amendment Sp	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Cash	n & Checks \$, , , 000	Monetary						
Loans \$,,,000		Transfers to Office Account \$, , 0 . 00						
Total Monetary \$, , 0 . 00		Total Monetary \$, , 20 . 00						
In-Ki	nd \$, , <u>00</u> . <u>00</u>							
		(8) Other Distributions						
		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
. ,	\$, 801, 238. 00	\$, 801, 155. 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:								
	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		x						
Sig	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Citizens for a Saf	e Mia	mi Beach		2) I.D. Numbe	er3	1
	5/1/2020		5	/31/2020		1	0
(3) Cover Perio	od / /	thro	ough	11_	(4) Pag	e	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	33110110111	Amount
J I							
1 1							
1 1							
f f							
f f							
J I							
J I							
J J							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Citizens	for a	Safe	Miami	Beach			(2) I.D. Num	nber	3	31	-
	5/1	L/2020			5/31,	/2020						
(3) Cover Per	riod	1	1	through	1 /	1	((4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
5/15/2020	CITY NATIONAL BANK, 300 71ST STREET	bank fee	MO		\$20.00
1	MIAMI BEACH, FL 33141				
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