	CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Citizens for a Safe Miami Beach Name	OFFICE USE ONLY ONLINE SUBMISSION							
(2)	1020 Ocean Drive	Submitted on:							
	Address (number and street)	7/6/2018 13:44:49 (eastern)							
	Miami Beach, FL 33139 City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 31							
/A\		(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) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed								
(5) Report Identifiers									
Cove	er Period: From $\underline{6}$ / $\underline{1}$ / $\underline{2018}$ To	6 / 30 / 2018 Report Type: M6							
X O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Cash	n & Checks \$, , ,000	Monetary							
Loan	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$, , 0 . 00							
	Monetary \$,,,	Total Monetary \$, , _20 . 00							
In-Ki	nd \$,, <u>0</u> .00	(0)							
		(8) Other Distributions \$, , 000							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$, <u>801</u> , <u>008</u> . <u>00</u> \$, <u>800</u> , <u>755</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) Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.) 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	er	31
(2) Cover Beri	6/1/2018	thro	6	/30/2018	(4) Dow	· <u> </u>	 0
(3) Cover Perio	od//		Jugii	<i>L</i>	(4) Pag	е	OI
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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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	ber	3	1	200
	6/1	L/2018	8		6/30/	2018	**				
(3) Cover Pe	riod	1	1	through	1 /	1	(4) Page	1	of	1	

Date Full Name Purpose (add office sought if Sequence Number City, State, Zip Code Candidate Candida	(5)	(7)	(8)	(9)	(10)	(11)
300 71ST STREET MIAMI BEACH, FL 33141	Date (6) Sequence	(Last, Suffix, First, Middle) Street Address &	(add office sought if contribution to a	Expenditure Type	Amendment	Amount
MIAMI BEACH, FL 33141	6/15/2018	CITY NATIONAL BANK,	bank fee	MO		\$20.00
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DS-DE-14 (Poy-14/42)						