CAMPAIGN TREASURER'S REPORT SUMMARY											
(1)	Citizens for a Safe Miami Beach  Name	OFFICE USE ONLY ONLINE SUBMISSION									
(2)	1020 Ocean Drive	[1172182]									
	Address (number and street)	Submitted on:									
	Miami Beach, FL 33139	9/10/2018 13:59:47 (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) □ 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									
	er Period: From <u>8</u> / <u>1</u> / <u>2018</u> To										
<u>V</u> 0	riginal Amendment Spe	ecial Election Report									
(6)	Contributions This Report	(7) Expenditures This Report									
Cash	n & Checks \$ , , ,000	Monetary									
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$ , , , 0 . 00									
	I Monetary \$,,	Total Monetary \$ , , _20 . 00									
In-Ki	nd \$,,,000										
		(8) Other Distributions \$ , , <u>0</u> 00									
(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>795</u> . <u>92</u>									
Ιc	(11) Cert It is a first degree misdemeanor for any pers ertify that I have examined this report and it is true, corr	on to falsify a public record (ss. 839.13, F.S.)									
(Time come)											
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	(Type name)  ☐ 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 Miami Beac	<u> </u>	2) I.D. Numbe	er	1
	8/1/2018		8/31/2018			
(3) Cover Perio	od / /	through	1 1	(4) Pag	je	of
1		T.				
(5)	(7)	(8)	(9)	(10)	(11)	(12)
Date	Full Name					
(6)	(Last, Suffix, First, Middle)					
Sequence	Street Address &	Contributor	Contribution	In-kind		
Number	City, State, Zip Code	Type Occupation	on Type	Description	Amendment	Amount
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name	Citizens	for	a	Safe	Miami	Beach			 (	2) I.D. Nun	nber		3	1	and an artist of the second
	8/1	L/201	.8			8/31	/201	.8	•	~ ~	-				
(3) Cover Pe	riod	1	1		through	n /		1	(	4) Page	1	j	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(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
8/15/2018	CITY NATIONAL BANK, 300 71ST STREET MIAMI BEACH, FL 33141	bank fee	МО		\$20.00
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DS-DE 14 (Rev.	44(4)				