

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Miami Beach Gateway Community Alliance PC, Inc.

Name

(2) ; #604

Address (number and street)

Miami Beach, FL 33139

City, State, Zip Code

Check here if address has changed

(3) ID Number: 34

(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 PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1155488]

Submitted on:  
6/1/2018 10:10:20 (eastern)

### (5) Report Identifiers

Cover Period: From 5 / 1 / 2018 To 5 / 31 / 2018 Report Type: M5

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 100 . 00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 100 . 00

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 20 . 00

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 20 . 00

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 100 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 20 . 00

### (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 or electioneering comm.)  Treasurer  Deputy Treasurer

X

Signature

(Type name)

Candidate  Chairperson (only for PC and PTY)

X

Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

**(1) Name**       Miami Beach Gateway Community Alliance PC, Inc.       **(2) I.D. Number**       34      

      5/1/2018       through       5/31/2018      

**(3) Cover Period**       /      /       through       /      /       **(4) Page**       1       of       1      

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type    Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
5/1/2018 / / 1	Del Vecchio, Frank V. 301 Ocean Drive Apt. 604 Miami Beach, FL 33139	I    retired	CH			\$100.00
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Miami Beach Gateway Community Alliance PC, Inc. (2) I.D. Number 34

(3) Cover Period 5/1/2018 through 5/31/2018 (4) Page 1 of 1

(5) Date	(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
5/15/2018 //	CITY NATIONAL BANK, 446 Collins Ave. Miami Beach, FL 33139	monthly service fee for checking account	MO		\$20.00
1					
//					
//					
//					
//					
//					
//					
//					