

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Friends of our Miami Beach Convention Center Hotel

Name

(2) 2600 South Douglas Road; Ste. 900

Address (number and street)

Coral Gables, FL 33134

City, State, Zip Code

Check here if address has changed

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1192803]

Submitted on:  
 10/7/2019 16:43:05 (eastern)

(3) ID Number: 39

(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

### (5) Report Identifiers

Cover Period: From 9 / 1 / 2019 To 10 / 4 / 2019 Report Type: G01

Original       Amendment       Special Election Report

### (6) Contributions This Report

Cash & Checks      \$        ,        , 0 . 00

Loans      \$        ,        , 0 . 00

Total Monetary      \$        ,        , 0 . 00

In-Kind      \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures      \$        ,        , 22 . 00

Transfers to Office Account      \$        ,        , 0 . 00

Total Monetary      \$        ,        , 22 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$   1   ,  343  ,  400  .  00 

### (10) TOTAL Monetary Expenditures To Date

\$   1   ,  342  ,  686  .  62 

### (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 Friends of our Miami Beach Convention Center Hotel (2) I.D. Number 39

9/1/2019 through 10/4/2019

(3) Cover Period      /      /      through      /      /      (4) Page 1 of 0

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

(1) Name Friends of our Miami Beach Convention Center Hotel (2) I.D. Number 39

(3) Cover Period 9/1/2019 through 10/4/2019 (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
(6) Sequence Number					
9/30/2019 //	REGIONS , 2800 PONCE DE LEON BLVD CORAL GABLES , FL 33134	bank fee	MO		\$22.00
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