CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Residents for a Safer, Cleaner Miami									
	Name	ONLINE SUBMISSION [1250692]								
(2)	820 W. 41st Street; Ste. 209	Submitted on:								
	Address (number and street)	10/22/2021 22:42:02 (eastern)								
	Miami Beach, FL 33140									
	City, State, Zip Code	(A) 1D M								
	Check here if address has changed	(3) ID Number:89								
(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 ☐ Check here if no other IE or EC reports will be filed									
	individual making electioneering communications)									
	(5) Report	t Identifiers								
Cove	, , .	2 10 / 15 / 2021 Report Type: G2								
		pecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
(0)	Contributions This Report									
Cack	n & Checks \$, 5 , 000 . 00	Monetary Expenditures \$, , 0 . 00								
Casi	1 & Checks	, <u> </u>								
Loar	ns \$, , 0.00	Transfers to								
		Office Account \$, 0 . 00								
Tota	I Monetary \$, 5 , 000 . 00									
		Total Monetary \$, , 0 . 00								
In-Ki	nd \$,,									
		(8) Other Distributions								
		\$,,								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
(0)	\$,5_,0000	\$, , 0.00								
	, <u> </u>	,,,								
(11) Certification										
	It is a first degree misdemeanor for any pers	son 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:										
(T	ype name)	(Type name)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
Х		l x								
	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Residents for a Sa	fer, Cleaner M	iami Beach	2) I.D. Numbe	ere	9
(3) Cover Perio	10/2/2021 od///		.0/15/2021 //	(4) Pag	je <u>1</u>	of
(5) Date (6) Sequence Number	(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)	(12) Amount
10/13/2021 /	FML Consulting Group LLC, 3250 NE 1st AVE SUITE 334 Miami, FL 33137	B management	CH			\$5,000.C
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(1) Name Resid	URES				
	10/2/2021 10 / / through	0/15/2021	1) Page1		0
(5) Date (6) Sequence Number	(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
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