	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Mike Grieco	OFFICE USE ONLY						
` '	Name	ONLINE SUBMISSION						
(2)	1688 Meridian Avenue, Suite 900	[1300939]						
Address (number and street)		Submitted on:						
	Miami Beach, FL 33139	11/3/2023 12:50:08 (eastern)						
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:104						
(4)	Check appropriate box(es):							
	 ☐ Candidate Office Sought: Mayor ☐ 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 10 / 7 / 2023 To	10 / 20 / 2023 Report Type: G2						
o [riginal Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Casl	Contributions This Report (7) Expenditures This Report Ash & Checks \$							
Loar	Transfers to Office Account \$, , , , , , ,							
Tota	I Monetary \$,,35000	Total Monetary \$, , 0 . 00						
In-Ki	nd \$,, <u>0</u> . <u>00</u>							
		(8) Other Distributions \$, , 000_						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$, <u>332</u> , <u>120</u> . <u>01</u>	\$, <u>312</u> , <u>776</u> . <u>47</u>						
	(11) Cert It is a first degree misdemeanor for any pers certify that I have examined this report and it is true, corr (ype name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		x						
Si	gnature	Signature						

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Mike Grieco	(2) I.D. Number					
(3) Cover Peri	od / /		.0/20/2023 //	(4) Pag	је <u>1</u>	of _1	
(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) Amendment	(12) Amount	
10/19/2023	Knight, Shirley 3514 Wheat St Columbia, SC 29205	I reporting error		·	Add	\$-300.0	
10/19/2023	Humes, Christine 255 Cove Dr Lusby, MD 20657	I reporting error	СН		Add	\$-50.0	
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Name Mike (Grieco		PORT – ITEMIZED EXPENDITURES(2) I.D. Number					
Cover Period _	10/7/2023 /through	10/20/2023	4) Page <u>1</u>	of	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) Amoun			
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3 5								