

South Miami Residents for Quality of Life  
6619 South Dixie Highway #123  
South Miami, FL 33143



May 4, 2020

Nkenga "Nikki" Payne  
Deputy City Clerk  
City Hall, 1<sup>st</sup> Floor  
6130 Sunset Drive  
South Miami, FL 33143

Re: *South Miami Residents for Quality of Life.*

Dear Ms. Payne:

Please find enclosed the campaign treasurer's report for the M4 CTR April 1, 2020– April 30, 2020 reporting period for South Miami Residents for Quality of Life, an electioneering communications organization registered with the City of South Miami. This report is due on or before May 11, 2020.

I trust that this filing complies with the requirements of law. If your office has any questions or concerns regarding this filing, please let me know.

Sincerely,

A handwritten signature in blue ink, appearing to read "Mark Herron".

Mark Herron

Enclosure(s)

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) South Miami Residents for Quality of Life

Name

(2) 6619 South Dixie Highway #123,

Address (number and street)

South Miami, FL 33143

City, State, Zip Code

Check here if address has changed

(3) ID Number: \_\_\_\_\_



(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

Cover Period: From 4 / 1 / 2020 To 4 / 30 / 2020 Report Type: M4

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

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

Total Monetary      \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , 50 , 200 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , 42 , 513 . 48

### (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) Mark Herron

Individual (only for IE or electioneering comm.)       Treasurer       Deputy Treasurer

X Mark Herron  
Signature

(Type name) Mark Herron

Candidate       Chairperson (only for PC and PTY)

X Mark Herron  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name South Miami Residents for Quality of Life (2) I.D. Number \_\_\_\_\_

(3) Cover Period 04 / 1 / 2020 through 4 / 30 / 2020 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name South Miami Residents for Quality of Life

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 4 / 1 / 2020 through 4 / 30 / 2020

(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					
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