

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) South Miami Residents for Quality of Life PC

Name

(2) 5793 Commerce Lane

Address (number and street)

South Miami, FL 33143

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

(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 08 / 04 / 2018 To 08 / 10 / 2018 Report Type: P6

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , 10,000 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0.00

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 0.00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 10,000 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 0.00

(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) 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 PC (2) I.D. Number _____

(3) Cover Period 8 / 4 / 18 through 8 / 10 / 18 (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
08 / 08 / 2018	Florida Votes Project, LLC P.O. Box 190359 Miami Beach, FL 33119	B	Consulting	Check			\$10,000.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name South Miami Residents for Quality of Life PC

(2) I.D. Number _____

(3) Cover Period 8 / 4 / 2018 through 8 / 10 / 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
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