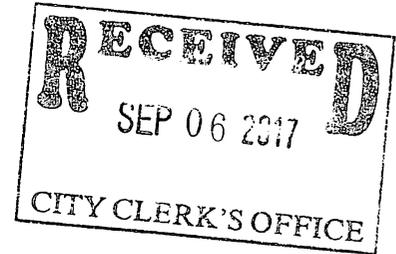


South Miami Residents for Quality of Life
P.O. Box 1701
Tallahassee, FL 32302



September 1, 2017

Maria Menendez
City Clerk
City Hall, 1st Floor
6130 Sunset Drive
South Miami, FL 33143

Re: *South Miami Residents for Quality of Life*

Dear Ms. Menendez:

Please find enclosed the campaign treasurer's report for the August 1, 2017 – August 31, 2017 reporting period for South Miami Residents for Quality of Life, an electioneering communications organization registered with the City of South Miami, indicating that no reportable contributions or expenditures were made during the reporting period. This report is due on or before September 11, 2017.

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 black ink, appearing to read "Mark Herron". The signature is written in a cursive style with a large initial "M".

Mark Herron

Enclosure(s)

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) South Miami Residents for Quality of Life

Name

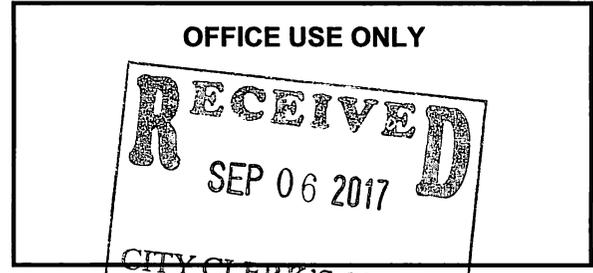
(2) 5953 Commerce Lane

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 08 /01 /2017 To 08 /31 /2017 Report Type: M8

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 \$ _____ , _____ , 0 .00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 29 , 350 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 23 , 604 . 34

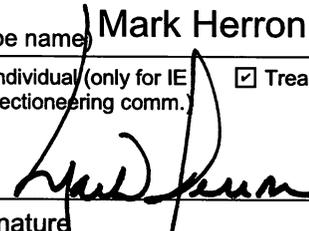
(11) Certification

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  _____
Signature

(Type name) _____

Candidate Chairperson (only for PC and PTY)

X _____
Signature