

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



November 3, 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 October 1, 2017 – October 31, 2017 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 November 10, 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 blue ink that reads "Mark Herron". The signature is written in a cursive style with a large, looped 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

OFFICE USE ONLY

RECEIVED

NOV 06 2017

(3) ID Number

CITY CLERK'S OFFICE

(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 10 / 01 / 2017 To 10 / 31 / 2017 Report Type: M10

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 500. 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

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 23 , 850 . 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)

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

X _____
Signature

(Type name)

Candidate Chairperson (only for PC and PTY)

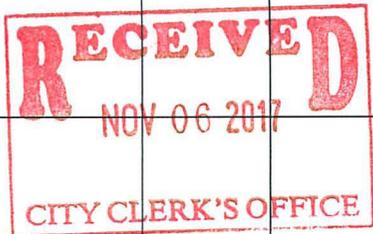
X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 10 / 01 / 17 through 10 / 31 / 17 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
10 / 05 / 17	Together for a Better Florida 118 N. Gadsden Street Tallahassee, FL 32301	M	Political Co	check			\$500.00
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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 10/01 / 2017 / _____ through 10/31 / 2017 / _____

(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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