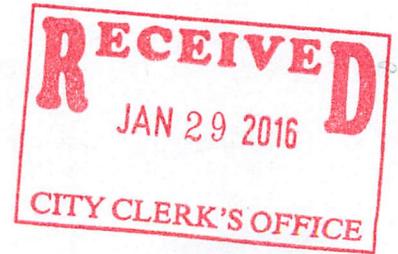


South Miami Residents for Quality of Life
P.O. Box 1701
Tallahassee, FL 32302



January 25, 2016

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 January 9, 2016 – January 22, 2016 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 January 29, 2016.

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.

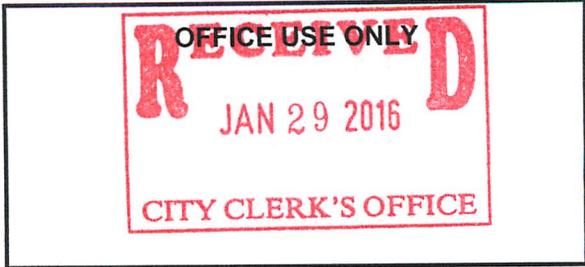
Sincerely,

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) 5793 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 01 / 09 / 16 To 01 / 22 / 16 Report Type: G4

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ 3,000 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ 3,000 . 00

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

\$ _____ , _____ 24,850 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ 18,784 . 10

(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

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 01 / 09 / 16 through 01 / 22 / 16 (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
01 / 15 / 16 / /	Freakin' Flamingo, LLC P.O. Box 430990 South Miami, FL 33243	B	Food and Be	CHECK			\$1,000.00
1							
01 / 15 / 16 / /	Renee Joslyn P.O. Box 430990 South Miami, FL 33243	I	Business Own	Check			\$1,000.00
2							
01 / 15 / 16 / /	Michael Joslyn P.O. Box 430990 South Miami, FL 33243	I	Business Own	Check			\$1,000.00
3							
/ /							
/ /							
/ /							
/ /							
/ /							

RECEIVED

JAN 29 2016

CITY CLERK'S OFFICE

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name South Miami Residents for Quality of Life

(2) I.D. Number _____

(3) Cover Period 01/09/2016 / _____ through 01/22/2016 / _____

(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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