

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



August 24, 2018

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

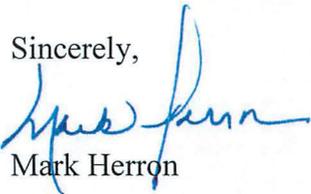
Re: *South Miami Residents for Quality of Life*

Dear Ms. Payne:

Please find enclosed the campaign treasurer's report for the P7 CTR August 11, 2018 – August 23, 2018 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 August 24, 2018.

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,



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)

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 8 / 11 / 2018 To 8 / 23 / 2018 Report Type: P7

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

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 43 , 690 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 41 , 782 . 07

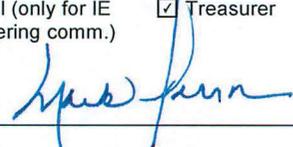
(11) Certification

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)

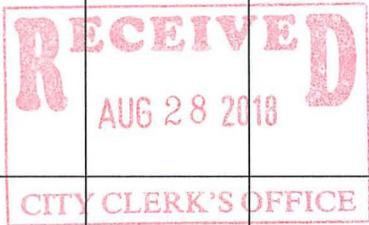
X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 8 / 11 / 18 through 8 / 23 / 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 |
|-------------|--|---|--|-----------------------------|--------------------------------|-------------------|----------------|
| / / | | | | | | | |
| | | | | | | | |
| / / | | | | | | | |
| | | | | | | | |
| / / | | | | | | | |
| | | | | | | | |
| / / | | | | | | | |
| | | | | | | | |
| / / | | | | | | | |
| | | | | | | | |



CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name South Miami Residents for Quality of Life

(2) I.D. Number _____

(3) Cover Period 8/ / 11 / 2018 through 8 / 23 / 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 |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6) Sequence Number | | | | | |
| / / | | | | | |
| | | | | | |
| / / | | | | | |
| | | | | | |
| / / | | | | | |
| | | | | | |
| / / | | | | | |
| | | | | | |
| / / | | | | | |
| | | | | | |
| / / | | | | | |
| | | | | | |

