

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



December 3, 2018

Nkenga "Nikki" Payne  
Deputy City Clerk  
City Hall, 1<sup>st</sup> 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 M11 CTR November 1, 2018 – November 30, 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 December 10, 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,

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) 5953 Commerce Lane

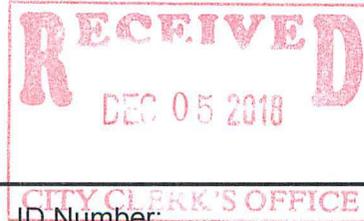
Address (number and street)

South Miami, FL 33143

City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY



(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 11 / 01 / 2018 To 11 / 30 / 2018 Report Type: M11

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 \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , 43 , 690 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , 41 , 913 . 48

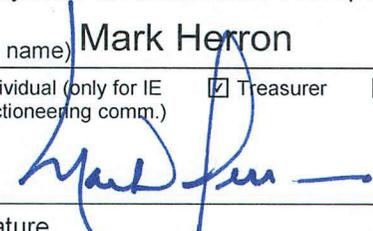
### (11) Certification

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 11 / 1 / 18 through 11 / 30 / 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
/ /							
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**RECEIVED**  
DEC 05 2018  
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 11 / 1 / 2018 through 11 / 30 / 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					
/ /					
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DEC 05 2018

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