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

RECEIVED
JAN 08 2019
CITY CLERK'S OFFICE

January 2, 2019

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 M12 CTR December 1, 2018 – December 31, 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 January 10, 2019.

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**

OFFICE USE ONLY
RECEIVED
JAN 08 2019
CITY CLERK'S OFFICE

(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 12 / 01 / 2018 To 12 / 31 / 2018 Report Type: M12

☑ 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

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 12 / 1 / 18 through 12 / 31 / 18 **(4) Page** 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

RECEIVED
JAN 08 2019
CITY CLERK'S OFFICE

DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

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

(3) Cover Period 12 / 1 /2018 through 12 / 31 /2018 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(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
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

RECEIVED JAN 08 2019 CITY CLERK'S OFFICE

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES