

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



April 2, 2019

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 M3 CTR March 1, 2019 – March 31, 2019 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 April 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,

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)

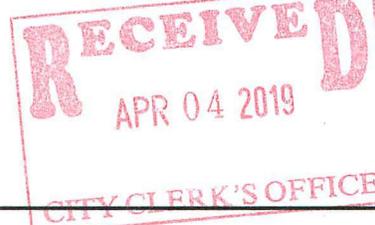
South Miami, FL 33143

City, State, Zip Code

Check here if address has changed

(3) ID Number: \_\_\_\_\_

OFFICE USE ONLY



(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 3 /01 /2019 To 3 /31 /2019 Report Type: M3

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

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

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

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, 42, 213 . 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)

Mark Herron

Candidate  Chairperson (only for PC and PTY)

**X**

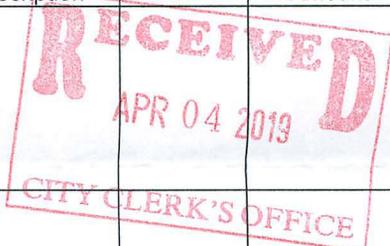
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 3 / 1 / 19 through 3 / 31 / 19 (4) Page 1 of 1

| (5)<br>Date | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor<br>Type   Occupation |  | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|-------------|--|---|--|-----------------------------|--------------------------------|-------------------|----------------|
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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 3 / 1 / 2019 through 3 / 31 / 2019

(4) Page 1 of 1

| (5)<br>Date | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|-------------|--|--|----------------------------|-------------------|----------------|
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RECEIVED

APR 04 2019

CITY CLERK'S OFFICE