

South Miami Residents for Quality of Life PC

P.O. Box 1701
Tallahassee, FL 32302



April 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 PC*

Dear Ms. Payne:

Please find enclosed the 2019 M3 campaign treasurer's waiver report for the March 1, 2019 – March 31, 2019 reporting period for South Miami Residents for Quality of Life PC, a political committee, 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". The signature is fluid and cursive, with a long horizontal stroke at the end.

Mark Herron

Enclosure(s)

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) South Miami Residents for Quality of Life PC

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)

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 / 1 / 2019 To 3 / 31 / 2019 Report Type: M3

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0 . 00

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 25 , 000 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 24 , 347 . 14

(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 PC (2) I.D. Number _____

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

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
/ /					<div style="border: 2px solid red; padding: 5px; color: red; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="color: red; font-weight: bold; font-size: 1.1em;">APR 04 2019</div> <div style="color: red; font-weight: bold; font-size: 1.1em;">CITY CLERK'S OFFICE</div>		
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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) 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					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					