

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

October 10, 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 M9 campaign treasurer's waiver report for the September 1, 2019 – September 30, 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 October 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, written over the word "Sincerely,".

Mark Herron

Enclosure(s)

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) South Miami Residents for Quality of Life PC

Name

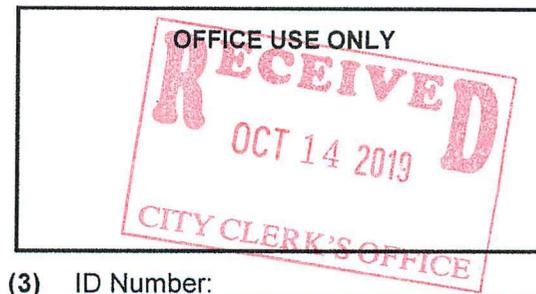
(2) 5793 Commerce Lane

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 9 / 1 / 2019 To 9 / 30 / 2019 Report Type: M9

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 , 360 . 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 Mark Herron
Signature

(Type name) Mark Herron

Candidate Chairperson (only for PC and PTY)

X Mark Herron
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 9 / 1 / 19 through 9 / 30 / 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 Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
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 OCT 14 2019
 CITY CLERK'S OFFICE

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