

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MIKE SIMPSON

Name

(2) 3250 GRAND AVENUE

Address (number and street)

COCONUT GROVE, FL 33133

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: CITY OF MIAMI COMMISSION - DISTRICT 2

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

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CITY OF MIAMI, FL

(5) Report Identifiers

Cover Period: From 5/1/15 To 5/31/15 Report Type: MS

Original

Amendment

Special Election Report

(6) Contributions This Report

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

Loans \$ _____, _____, 0 . -

Total Monetary \$ _____, _____, 0 . -

In-Kind \$ _____, _____, 0 . -

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 17 . 00

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

Total Monetary \$ _____, _____, 17 . 00

(8) Other Distributions

\$ _____, _____, 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 740 . 07

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 625 . 62

(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) MIKE SIMPSON

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X [Signature]
Signature

(Type name) MIKE SIMPSON

Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MIKE SIMPSON

(2) I.D. Number _____

(3) Cover Period 5/1/15 through 5/31/15

(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
5/1/15 MS-1	BANK OF AMERICA 3211 GRAND AVE COCONUT GROVE, FL 33133	FEES	MON		1700
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MIKE SIMPSON (2) I.D. Number _____

(3) Cover Period 5, 1, 15 through 5, 31, 15 (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
/ /	NO TRANSACTIONS IN THIS PERIOD						
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