

# CAMPAIGN TREASURER'S REPORT SUMMARY

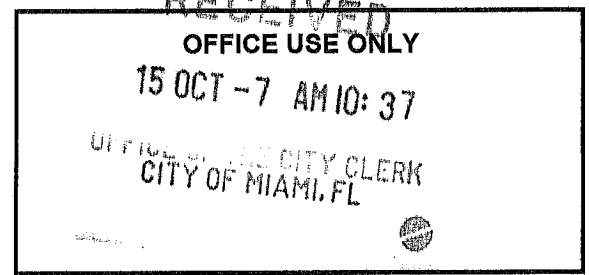
(1) MIKE SIMPSON

(2) 3250 GRAND AVE #304

Address (number and street)  
COCONUT GROVE, FL 3313

City, State, Zip Code

Check here if address has changed



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

(4) Check appropriate box(es):  
 Candidate Office Sought: MIAMI CITY COMMISSIONER, 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

### (5) Report Identifiers

Cover Period: From 9 / 1 / 15 To 10 / 2 / 15 Report Type: G1

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 100 . -

Loans \$ \_\_\_\_\_, \_\_\_\_\_, 40 . -

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 140 . -

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

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, 120 . 63

Transfers to Office Account \$ \_\_\_\_\_, \_\_\_\_\_, 0 . -

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 120 . 63

### (8) Other Distributions

\$ \_\_\_\_\_, \_\_\_\_\_, 0 . -

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 120 . 07

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 120 . 63

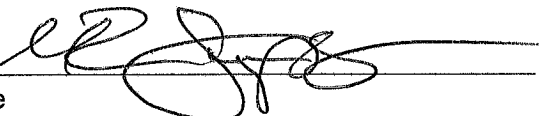
### (11) Certification

**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:

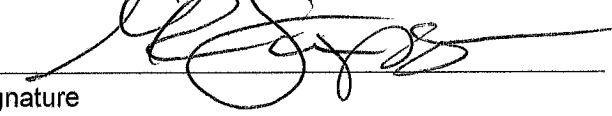
(Type name) MIKE SIMPSON

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

X   
Signature

(Type name) MIKE SIMPSON

Candidate  Chairperson (only for PC and PTY)

X   
Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name MIKE SIMPSON (2) I.D. Number \_\_\_\_\_

(3) Cover Period 9, 1, 15 through 10, 2, 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
(6) Sequence Number		Type	Occupation	Type	Description		Amount
9, 9, 15	MIKE SIMPSON 3250 GRAND AV COCONUT GROVE, FL 33133	S		LOA			40 <sup>00</sup>
G1-01							
9, 28, 15	DEBI SIMPSON 12781 SW 187 TR MIAMI, FL 33177	I		CHE			100 <sup>00</sup>
G1-02							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name MIKE SIMPSON (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 9/1/15 through 10/2/15 (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
9/1/15	FACEBOOK.COM 1601 S. CALIFORNIA AVE. PALO ALTO, CA 94304	ONLINE ADVERTISING	MON		1157
G1-01					
9/1/15	BANK OF AMERICA 3211 GRAND AVE COCONUT GROVE, FL 33133	BANK FEES	MON		1700
G1-02					
9/9/15	CVS PHARMACY 3215 GRAND AVE COCONUT GROVE, FL 33133	OFFICE SUPPLIES	MON		802
G1-03					
9/25/15	WOODBOK.COM 810 MAIN STREET VANCOUVER, WA 98660	ONLINE MARKETING	MON		3000
G1-04					
9/28/15	PAYPAL.COM 2211 N. FIRST ST SAN JOSE, CA 95131	TRANSACTION FEES	MON		320
G1-05					
10/1/15	FACEBOOK.COM 1601 S. CALIFORNIA AVE PALO ALTO, CA 94304	ONLINE ADVERTISING	MON		3384
G1-06					
10/1/15	BANK OF AMERICA 3211 GRAND AVE COCONUT GROVE, FL 33133	BANK FEES	MON		1700
G1-07					
1/1					

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**CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS**

(1) Name MIKE SIMPSON

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 9, 1, 15 through 10, 2, 15

(4) Page 1 of 1

(5) Date	(7) Name of Financial Institution Street Address & City, State, Zip Code	(8) Transfer Type	(9) Nature of Account	(10) Amendment	(11) Amount
(6) Sequence Number					
1 /	NO TRANSACTIONS THIS PERIOD				
1 /					
1 /					
1 /					
1 /					
1 /					
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**CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS**

(1) Name MIKE SIMPSON (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 9, 1, 15 through 10, 2, 15 (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) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
1 /	NO TRANSACTIONS THIS PERIOD					
1 /						
1 /						
1 /						
1 /						
1 /						
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