

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MIKE SIMPSON  
 Name  
 (2) 3250 GRAND AVE #304  
 Address (number and street)  
COCONUT GROVE, FL 33133  
 City, State, Zip Code

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Check here if address has changed

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

(4) Check appropriate box(es):

Candidate Office Sought: MIAMI CITY 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

(5) Report Identifiers

Cover Period: From 10 / 3 / 15 To 10 / 16 / 15 Report Type: 02

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 \$ \_\_\_\_\_, \_\_\_\_\_, 66 . 22

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

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 66 . 22

(8) Other Distributions \$ \_\_\_\_\_, \_\_\_\_\_, 0 . \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
 \$ \_\_\_\_\_, \_\_\_\_\_, 920 . 07

(10) TOTAL Monetary Expenditures To Date  
 \$ \_\_\_\_\_, \_\_\_\_\_, 96 . 26

(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) <u>MIKE SIMPSON</u><br><input type="checkbox"/> Individual (only for IE or electioneering comm.) <input checked="" type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer<br>X <u>[Signature]</u><br>Signature | (Type name) <u>MIKE SIMPSON</u><br><input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC and PTY)<br>X <u>[Signature]</u><br>Signature |
|---|--|

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

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

(3) Cover Period 10 / 3 / 15 through 10 / 16 / 15 (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 |
|---------------|--|---------------------------------------|--|-----------------------------|--------------------------------|-------------------|----------------|
| <u>1 / 1</u>  | <b>NO TRANSACTIONS THIS PERIOD</b>   |                                       |  |                             |                                |                   |                |
| <u>02</u>     |  |                                       |  |                             |                                |                   |                |
| <u>  /  /</u> |  |                                       |  |                             |                                |                   |                |
| <u>  /  /</u> |  |                                       |  |                             |                                |                   |                |
| <u>  /  /</u> |  |                                       |  |                             |                                |                   |                |
| <u>  /  /</u> |  |                                       |  |                             |                                |                   |                |
| <u>  /  /</u> |  |                                       |  |                             |                                |                   |                |
| <u>  /  /</u> |  |                                       |  |                             |                                |                   |                |
| <u>  /  /</u> |  |                                       |  |                             |                                |                   |                |
| <u>  /  /</u> |  |                                       |  |                             |                                |                   |                |

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

(1) Name MIKE SIMON

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

(3) Cover Period 10, 3, 15 through 10, 16, 15

(4) Page 1 of 1

| (5)<br>Date | (7)<br>Name of Financial Institution<br>Street Address &<br>City, State, Zip Code | (8)<br>Transfer Type | (9)<br>Nature of Account | (10)<br>Amendment | (11)<br>Amount |
|-------------|---|----------------------|--------------------------|-------------------|----------------|
| 11<br>62    | NO TRANSACTIONS THIS PERIOD   |                      |                          |                   |                |
| 11          |   |                      |                          |                   |                |
| 11          |   |                      |                          |                   |                |
| 11          |   |                      |                          |                   |                |
| 11          |   |                      |                          |                   |                |
| 11          |   |                      |                          |                   |                |
| 11          |   |                      |                          |                   |                |
| 11          |   |                      |                          |                   |                |
| 11          |   |                      |                          |                   |                |
| 11          |   |                      |                          |                   |                |

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

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

(3) Cover Period 10 / 3 / 15 through 10 / 16 / 15 (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>Related<br>Expenditures | (10)<br>Amendment | (11)<br>Amount | (12)<br>Distribution<br>Type |
|---------------------------|--|--|--------------------------------|-------------------|----------------|------------------------------|
| (6)<br>Sequence<br>Number |  |  |                                |                   |                |                              |
| 1 / 1<br>62               | NO TRANSACTIONS THIS PERIOD  |  |                                |                   |                |                              |
| 1 / 1                     |  |  |                                |                   |                |                              |
| 1 / 1                     |  |  |                                |                   |                |                              |
| 1 / 1                     |  |  |                                |                   |                |                              |
| 1 / 1                     |  |  |                                |                   |                |                              |
| 1 / 1                     |  |  |                                |                   |                |                              |
| 1 / 1                     |  |  |                                |                   |                |                              |
| 1 / 1                     |  |  |                                |                   |                |                              |

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