

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Michael Simpson

(2) 3250 GRAND AVE #304

Address (number and street)
COCONUT GROVE, FL 33133

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

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CITY OF MIAMI, FL

(4) Check appropriate box(es):

Candidate Office Sought: CITY COMMISSION OF MIAMI - 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 6/1/15 To 6/30/15 Report Type: M6

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0 . 00

Loans \$ 0 . 00

Total Monetary \$ 0 . 00

In-Kind \$ 0 . 00

(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

\$ 712 . 41

(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) Michael Simpson

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

X 
Signature

(Type name) Michael 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 6/1/15 through 6/30/15 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code						
/ /	NO TRANSACTIONS THIS PERIOD						
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MIKE SIMPSON

(2) I.D. Number _____

(3) Cover Period 6/1/15 through 6/30/15

(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
6/1/15	BANK of AMERICA 3211 GRAND AVE CORCORAN GROVE, FL 33133	FEES	MON		17 ⁰⁰
11					
11					
11					
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11					
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11					
11					

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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Mike Simpson (2) I.D. Number _____

(3) Cover Period 6/1/15 through 6/30/15 (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) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
(6) Sequence Number						
/ /	NO TRANSACTIONS THIS PERIOD					
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CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS

(1) Name MIKE SIMPSON (2) I.D. Number _____
 (3) Cover Period 6/1/15 through 6/30/15 (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
1/1	NO TRANSACTIONS THIS PERIOD				
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

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