

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Michael R. Simpson
 Name
 (2) 3250 GRAND AVENUE #304
 Address (number and street)
COCONUT GROVE, FL 33133
 City, State, Zip Code

OFFICE USE ONLY

OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL

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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 7 / 1 / 15 To 7 / 31 / 15 Report Type: M7

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. -

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

Total Monetary \$ _____, _____, 17. -

(8) Other Distributions

\$ _____, _____, 0. -

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 740.07

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 729.41

(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

[Signature]

X
Signature

(Type name) Michael Simpson

Candidate Chairperson (only for PC and PTY)

[Signature]

X
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MICHAEL SIMPSON

(2) I.D. Number _____

(3) Cover Period 7, 1, 15 through 2, 28, 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) Sequence Number					
7/1/15	BANK of AMERICA 3211 GRAND AVENUE COCONUT GROVE, FL 33133	Fees	MON		19 ⁰⁰
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 7, 1, 15 through 7, 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
(6) Sequence Number							
/ /	NO TRANSACTIONS THIS PERIOD						
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

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

(3) Cover Period 7/1/15 through 7/31/15 (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) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
(6) Sequence Number						
11	NO TRANSACTIONS THIS PERIOD					
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CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS

(1) Name Michael Simpson (2) I.D. Number _____
 (3) Cover Period 7, 1, 15 through 7, 31, 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					
11	NO TRANSFERS THIS PERIOD				
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