

# CAMPAIGN TREASURER'S REPORT SUMMARY

RECEIVED

(1) Michael Simpson  
 Name  
 (2) 3250 Grand Avenue #304  
 Address (number and street)  
Coconut Grove, FL 33133  
 City, State, Zip Code

OFFICE USE ONLY

FEB 10 AM 11:00

OFFICE OF THE CITY CLERK  
CITY OF MIAMI

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)  Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)  Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 10 / 31 / 15 To 02 / 01 / 16 Report Type: TR

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       | \$ | ____ | ____ | 0 | .00 |
| Transfers to Office Account | \$ | ____ | ____ | 0 | .00 |
| Total Monetary              | \$ | ____ | ____ | 0 | .00 |

### (8) Other Distributions

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 920 . 07

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 920 . 07

### (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:

Mike Simpson  
 (Type name)  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X   
 Signature

Mike Simpson  
 (Type name)  
 Candidate  Chairperson (only for PC and PTY)

X   
 Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Michael Simpson (2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 31 / 15 through 02 / 01 / 16 (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 |            | (9)<br>Contribution | (10)<br>In-kind | (11)<br>Amendment | (12)<br>Amount |
|---------------------------|--|--------------------|------------|---------------------|-----------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  | Type               | Occupation | Type                | Description     |                   |                |
| / /                       | NO TRANSACTIONS<br>THIS PERIOD   |                    |            |                     |                 |                   |                |
|                           |  |                    |            |                     |                 |                   |                |
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MICHAEL SIMPSON

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

(3) Cover Period 10 / 31 / 15 through 02 / 01 / 16

(4) Page \_\_\_\_\_ of \_\_\_\_\_

| (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>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  |  |                            |                   |                |
| / /                       | NO TRANSACTIONS<br>THIS PERIOD   |  |                            |                   |                |
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## CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Michael Simpson (2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 31 / 15 through 02 / 01 / 16 (4) Page \_\_\_\_\_ of \_\_\_\_\_

| (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 |  |  |                                |                   |                |                              |
| / /                       | NO TRANSACTIONS<br>THIS PERIOD   |  |                                |                   |                |                              |
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## CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS

(1) Name Michael Simpson

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

(3) Cover Period 10 / 31 / 15 through 02 / 01 / 16

(4) Page \_\_\_\_\_ of \_\_\_\_\_

| (5)<br>Date            | (7)<br>Name of Financial Institution<br>Street Address & City, State, Zip Code | (8)<br>Transfer Type | (9)<br>Nature of Account | (10)<br>Amendment | (11)<br>Amount |
|------------------------|--|----------------------|--------------------------|-------------------|----------------|
| (6)<br>Sequence Number |  |                      |                          |                   |                |
| / /                    | NO TRANSACTIONS<br>THIS PERIOD   |                      |                          |                   |                |
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