CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Families for Better Sc) Families for Better Schools			OFFICE USE ONLY				
Name				MISSION 3970]				
(2) 419 N Washington Av			Submitted on:	55701				
Address (number and street)			10/14/2022 09:06:	34 (eastern)				
Titusville, FL 32796 City, State, Zip Code								
	- b - u - u - d							
Check here if address has	cnanged	(3)	ID Number:	920				
(4) Check appropriate box(es):								
Candidate Office Sought:								
\mathbf{X} Electioneering Communicatio	ns Ora. (ECO)	Check her	e if PC or ECO has disl	panded				
Party Executive Committee (F	PTY)	Check her	e if PTY has disbanded					
Independent Expenditure (IE) individual making electioneering		Check her	e if no other IE or EC re	eports will be filed				
	communications)							
(5) Report Identifiers								
Cover Period: From 10 / 1	/ <u>2022</u> To	10 / 7	/ <u>2022</u> Repo	rt Type: <u>G4</u>				
🛛 Original 📃 Amendment		ecial Election	Report					
(6) Contributions This Report		(7) Exp	enditures This Repo	rt				
		Monetary						
Cash & Checks \$,	, <u> 0 </u>	Expenditur	es \$,	, <u> 0 . 00 </u>				
¢	0 00							
Loans \$,	, <u> 0 00 </u>	Transfers to Office Acco		, <u>0</u> .00				
Total Monetary \$,	, 0.00		· · · · · · · · · · · · · · · · · · ·					
	,	Total Mone	tary \$.	,0.00				
In-Kind \$,	, 0.00		· · · , ,	_ , ,				
		(8) Oth	er Distributions					
		\$,,,	0.00				
(9) TOTAL Monetary Contributi	ons To Date	(10) TO	AL Monetary Expendence	ditures To Date				
\$,,,,,,, _		\$, , 8					
		-						
(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)		(Type nam						
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)		Candida	e 🛛 Chairperso	n (only for PC and PTY)				
v								
X	X							
Signature	Signature							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Families for Bette	((2) I.D. Number				
	10/1/2022		1	0/7/2022			
(3) Cover Peri	od / /	thro	ough	<i>ll</i>	(4) Pag	e	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount
1 1	_						
1 1	_						
1 1	_						
1 1	_						
1 1	_						
1 1	_						
1 1	_						
1 1	_						

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Fami	CAMPAIGN TREASURER'	(2) EXPENDIT 2) I.D. Number		920
(3) Cover Period	10/1/2022 /through_	10/7/2022 //	4) Page <u>1</u>	of	0
(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) Expenditure Type	(10) Amendment	(11) Amount
_/ /					
_/ /					
_/ /					
11					
_/ /					
11					
11					
11					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES