	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	Families for Better Schools	OFFICE USE ONLY					
ā a	Name	ONLINE SUBMISSION					
(2)	419 N Washington Av	Submitted on:					
	Address (number and street) Titusville, FL 32796	8/25/2022 09:35:44 (eastern)					
	City, State, Zip Code						
	☐ Check here if address has changed	(3) ID Number: 920					
(4)	Check appropriate box(es):	(6)					
(")	Candidate Office Sought:						
	☐ Political Committee (PC)						
	☑ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded					
	☐ Party Executive Committee (PTY) [☐ Independent Expenditure (IE) (also covers an [☐ Check here if PTY has disbanded☐ Check here if no other IE or EC reports will be filed					
	individual making electioneering communications)	_ Clieck liefe if the other in of ne reports will be incu					
	(5) Para et	11 200					
Cove		Identifiers					
	er Period: From 8 / 19 / 2022 To						
<u>\</u> ∪	riginal Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
Cash	n & Checks \$, , 0 . 00	Monetary					
Loar	s \$,,, <u>0</u> . <u>00</u>	Transfers to Office Account \$					
Toto	I Manatany \$ 0.00	Office Account \$, , , 0 . 00					
rota	I Monetary \$, , , 0 . 00	Total Monetary \$. 0 . 00					
In-Ki	and \$, , 0.00	Total Monetary \$, , 0 . 00					
	···	(8) Other Distributions					
		\$,, <u>0</u> 00					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$	\$, , <u>11</u> . <u>00</u>					
	(11) Cert	tification					
	It is a first degree misdemeanor for any person						
Ιc	ertify that I have examined this report and it is true, corre	ect, and complete:					
_(T)	ype name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
Х		x					
	gnature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Families for Better Schools (2) I.D. Number 920							
(3) Cover Period	8/19/2022 ///	throuah		L9/2022 /	(4) Page	<u> </u>	of ⁰
(C) COTCI I CIIO							
(5)	(7)	(8)		(9)	(10)	(11)	(12)
Date	Full Name Last, Suffix, First, Middle)						
(6) (I Sequence	Street Address &	Contribu	itor (Contribution	In-kind		
Number	City, State, Zip Code		upation	Туре	Description	Amendment	Amount
1 1							
1 1							
1 1							
1 1							
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<i>I I</i>							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Famil	ies for	Bette	er Schools		 (2) I.D. Nun	nber_	9	20	200
		8/19/2	022		8/19/2022			0510		
(3) Cover Pe	eriod _		/_	through_		 (4) Page	1	of	0	

(5) Date	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
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