	CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	The Latino Vote of South Florida	OFFICE USE ONLY						
The so	Name	ONLINE SUBMISSION						
(2)	6732 Atlanta Street	Submitted on:						
	Address (number and street)	8/28/2022 11:35:10 (eastern)						
	Hollywood, FL 33024  City, State, Zip Code							
	Check here if address has changed	(3) ID Number:336						
(4)	Check appropriate box(es):							
	Candidate Office Sought:							
	<ul><li>☒ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	☐ Check here if PC or ECO has disbanded						
		☐ Check here if PTY has disbanded						
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	t Identifiers						
Cov								
	er Period: From $\frac{6}{2}$ / $\frac{1}{2}$ / $\frac{2017}{201}$ To							
Цο	Driginal ☐ Amendment ☐ Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
		Monetary						
Casl	h & Checks \$ , , 0 . 00	Expenditures \$ , , 0 . 00						
•	<b>e</b> 0.00							
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$						
Tato	\$ 0.00	Office Account \$ , , , 0 . 00						
10เล	al Monetary \$ , , 0 . 00	Total Monetary \$ , 0 . 00						
L. IZ	• 0 00	Total Monetary \$ , , , 0 . 00						
In-Ki	find \$,,,0 . <u>00</u>	(a) Other Blatchhadana						
		(8) Other Distributions \$ , , 0.00						
		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$	\$						
	(11) Cert It is a first degree misdemeanor for any pers	tification						
Ic	certify that I have examined this report and it is true, corre	ect, and complete:						
_(T	ype name)	(Type name)						
	Individual (only for IE  Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		X						
Si	ignature	Signature						

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	The Latino Vote of	Sout	h Florida		2) I.D. Numbe	:r°3	36
	6/1/2017		6	/30/2017			
(3) Cover Perio	od / /	thro	ough	<i>l l</i>	(4) Pag	e	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
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DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

•	Latino Vote of South Flori 6/1/2017 6/ / through	30/2017	2) I.D. Numbe 4) Page <u> </u>	92	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)	(11)
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