	CAMPAIGN TREASURE	R'S REPORT SUMMARY							
(1)	Resiliency Coalition	OFFICE USE ONLY							
(· /	Name	ONLINE SUBMISSION							
(2)	3816 Hollywood Blvd Suite 203	[1251955]							
	Address (number and street)	Submitted on: 12/2/2021 17:51:05 (eastern)							
	Hollywood, FL 33021								
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:565							
(4)									
	Candidate Office Sought:								
	☑ Political Committee (PC)	Check how if DC on ECO has dishauded							
	☐ Electioneering Communications Org. (ECO)☐ Party Executive Committee (PTY)	☐ 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	Identifiers							
Cove	er Period: From 8 / 1 / 2021 To								
		ecial Election Report							
		<u> </u>							
(6)	Contributions This Report	(7) Expenditures This Report							
Casł	n & Checks \$, , <u>87</u> . <u>00</u>	Monetary							
Loar	s , , , , o00	Transfers to Office Account \$							
T-4-	\$ 87 00	Office Account \$, , , 0 . 00							
rota	I Monetary \$, , <u>87</u> . <u>00</u>	Total Monetary \$. 195 . 50							
I IZ:	and \$, , 0.00	Total Monetary \$, , 195 . 50							
In-Ki	nd	(9) Other Dietributions							
		(8) Other Distributions \$, , 0.00							
		\$,, <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$	\$, <u>62</u> , <u>576</u> . <u>13</u>							
		tification on to falsify a public record (ss. 839.13, F.S.)							
١٠	ertify that I have examined this report and it is true, corr								
	ype name)	(Type name)							
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)							
X		x							
Sig	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Resiliency Coaliti	on		(2) I.D. Number				
	8/1/2021			/31/2021				
(3) Cover Perio	od/	thre			(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	5:30	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount	
8/17/2021	HCT Certified Public Accountan, HCT Certified	Î	accounting services			Add	\$87.0	
1	Public HCT P 3816 HOLLYWOOD BLVD, SUITE HOLLYWOOD, Fl 33021-	203						
1 1								
1 1								
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J J								
1 1								
1 1								
1 1								
DS-DE 13 (Rev. 11/1	3)	SEE RE	EVERSE FOR I	NSTRUCTIONS	S AND CODE VAL	UES		

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Resiliency Coalition						 (2) I.D. Nun	nber	565		
	8	/1/20	21		8/31/2	021					
(3) Cover Pe	riod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(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
8/2/2021	HCT Certified Public Accountan, HCT Certified Public HCT Public 3816 HOLLYWOOD BLVD, SUITE 203 HOLLYWOOD, Fl 33021-	monthly accounting fees	MO	Add	\$159.50
8/5/2021	BB&T, 4651 Sheridan St., Suite 125 Hollywood, fl 33021	overdraft item fee	МО	Add	\$36.00
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