CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Name 10850 Wiles Road	OFFICE USE ONLY ONLINE SUBMISSION [1238753]							
(2)	Address (number and street) Coral Springs, FL 33076 City, State, Zip Code	Submitted on: 11/12/2020 12:32:16 (eastern)							
	Check here if address has changed	(3) ID Number: 566							
(4)									
	(5) Report	Identifiers							
	er Period: From 10 / 30 / 2020 To	10 / 31 / 2020 Report Type: M10 ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casł	Cash & Checks \$,, <u>500</u> . <u>00</u> Monetary Expenditures \$,, <u>0</u> . <u>00</u>								
Loar	\$,,,000 I Monetary \$, , 500 . 00	Transfers to Office Account \$, , , 0 . 00							
In-Ki	·	Total Monetary \$, , , 0 . 00							
		(8) Other Distributions \$, , 000_							
(9)	(9) TOTAL Monetary Contributions To Date \$\frac{1}{1}, \frac{583}{583}, \frac{230}{230} \cdot \frac{00}{200}\$ \$\$ \$\frac{1}{1}, \frac{529}{529}, \frac{697}{697} \cdot \frac{65}{200}\$								
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Si	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Broward First			(2) I.D. Number					
	10/30/2020		1	0/31/2020					
(3) Cover Perio	od//	thro	ough	<i>I I</i>	(4) Page	<u> </u>	of		
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(5)	(7)		(8)	(9)	(10)	(11)	(12)		
Date	Full Name								
(6)	(Last, Suffix, First, Middle)		e telle sake e	Containation	tor taxost				
Sequence Number	Street Address & City, State, Zip Code		ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount		
	Everglades		administra		Description		\$500.0		
10/30/2020	Management Inc, 1900 W. Commercial Blvd		tive				•		
r r	1900 W. Commercial Blvd Fort Lauderdale, FL 33309		management <b< th=""><th></th><th></th><th></th><th></th></b<>						
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DS-DE 13 (Rev. 11/13	3)	SEE RE	EVERSE FOR I	NSTRUCTIONS	S AND CODE VAL	JES			

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Browa	rd Firs	st			100	_ (2) I.D	Numbe	er	Į	566	
		10/30/	2020		10/31/	2020						
(3) Cover Pe	riod	1	I	through	1	1	_ (4) Pa	ge	L	of	0	

(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
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