

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Broward First  
 Name  
 (2) 10850 Wiles Road  
 Address (number and street)  
Coral Springs, FL 33076  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1189870]  
 Submitted on:  
 7/10/2019 14:00:48 (eastern)

Check here if address has changed

(3) ID Number: 566

(4) Check appropriate box(es):

- Candidate Office Sought: \_\_\_\_\_
- Political Committee (PC)
- Electioneering Communications Org. (ECO)       Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)                       Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)       Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 6 / 1 / 2019 To 6 / 30 / 2019 Report Type: M6

Original       Amendment       Special Election Report

### (6) Contributions This Report

Cash & Checks      \$        , 22 , 600 . 00

Loans                      \$        ,        , 0 . 00

Total Monetary      \$        , 22 , 600 . 00

In-Kind                      \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures      \$        ,        , 0 . 00

Transfers to Office Account      \$        ,        , 0 . 00

Total Monetary      \$        ,        , 0 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 22 , 600 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 0 . 00

### (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) \_\_\_\_\_  
 Individual (only for IE or electioneering comm.)       Treasurer       Deputy Treasurer

X \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate                       Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Broward First (2) I.D. Number 566  
 6/1/2019 through 6/30/2019  
 (3) Cover Period / / through / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
6/21/2019 / /	United Medco, Inc., 4613 N. University Drive #586 Coral Springs, FL 33067	B	medical	CH			\$20,000.00
1							
6/27/2019 / /	Sousa, Angela 2670 NE 21st ST Pompano Beach, FL 33062	I		CH			\$100.00
2							
6/28/2019 / /	Troadec, Alain 7920 NW 84th Ave Parkland, FL 33067	I	finance	CH			\$2,500.00
3							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Broward First

(2) I.D. Number 566

(3) Cover Period 6/1/2019 through 6/30/2019

(4) Page 1 of 0

(5) Date	(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
(6) Sequence Number					
// /					
// /					
// /					
// /					
// /					
// /					