CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Better Leadership (ECO)	OFFICE USE ONLY ONLINE SUBMISSION					
(2)	Name 3900 SW 26th Street	[1290215]					
(2)	Address (number and street)	Submitted on:					
	West Park, FL 33023	1/6/2023 10:52:47 (eastern)					
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number: 793					
(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 fi							
	(5) Report	Identifiers					
	er Period: From <u>12</u> / <u>1</u> / <u>2022</u> To						
× O	riginal Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
Cash	n & Checks \$, , ,000	Monetary					
Loans \$,,,000		Transfers to Office Account \$, , , 0 . 00					
Total Monetary \$		Total Monetary \$, , , 0 . 00					
In-Ki	nd \$,, <u>0</u> . <u>00</u>						
		(8) Other Distributions \$, , <u>0</u> 00					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$, <u>185</u> , <u>600</u> . <u>00</u>	\$, <u>182</u> , <u>890</u> . <u>73</u>					
	(11) Cert It is a first degree misdemeanor for any pers	tification on 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:							
(Ty	/pe name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
X		x					
	gnature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Better Leadership		(2) I.D. Number 793				
(3) Cover Peri	od///	thro	ough	2/31/2022 //	(4) Pag	je <u>1</u>	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)		(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Contributor Type Occupation		Contribution Type	In-kind Description	Amendment	Amount
Number	City, State, Zip Code	туре	Occupation	туре	Description		Amount
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

1) Name Bette	12/1/2022	12	/31/2022	(2) I.D. Number		
3) Cover Period _	//	through	<u></u>	(4) Page <u>1</u>	of	0
(5) Date (6) Sequence Number	(7 Full N (Last, Suffix, Street Ac City, State	lame First, Middle) dress &	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
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S-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES							