CAMPAIGN TREASUR	RER'S REPORT SUMMARY
(1) Road to a Brighter Future  Name	OFFICE USE ONLY ONLINE SUBMISSION [1284024]
(2) P.O. Box 6083  Address (number and street)  Fort Lauderdale, FL 33310  City, State, Zip Code	Submitted on: 10/14/2022 11:16:57 (eastern)
Check here if address has changed	(3) ID Number: 837
(4) Check appropriate box(es):  ☐ Candidate Office Sought: ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed
(5) Repo	ort Identifiers
Cover Period:         From 9 / 24 / 2022           ☑ Original         ☐ Amendment         ☐ 3	To 10 / 7 / 2022 Report Type: G4 Special Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$ , , , 000	Monetary
Total Monetary \$,,	Transfers to Office Account \$ , , , 0 . 00
In-Kind \$ , , 0 . <u>00</u>	(8) Other Distributions \$ , , 000
(9) TOTAL Monetary Contributions To Date \$, _31_, _60000_	(10) TOTAL Monetary Expenditures To Date \$,28_,10600
	certification erson to falsify a public record (ss. 839.13, F.S.) correct, and complete:  (Type name)  Candidate Chairperson (only for PC and PTY)
X	<u>x</u>
Signature	Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Road to a Brighter	Futur	ce		2) I.D. Numbe	er8	37
	9/24/2022		1	0/7/2022			
(3) Cover Perio	od / /	thro	ugh	11	(4) Pag	e <sup>1</sup>	of <sup>0</sup>
						9/k	
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name				(6.000)		
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	Co	ntributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name	Road	to	a	Brig	hter	Future				 (2) I.D. Nui	nber_	1	837	
		9/	24	/202	2		10/	7/20	22					
(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
10/5/2022	HCT Certified Public Accountan, 3816 HOLLYWOOD BOULEVARD SUITE 203 HOLLYWOOD, FL 33021	compliance for september and october	MO		\$950.00
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DS-DE 14 (Rev.	44(42.)	1			- J