	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Narnike Grant	OFFICE USE ONLY
	Name	ONLINE SUBMISSION
(2)	12107 NW 69th Court	Submitted on:
	Address (number and street) Parkland, FL 33076	11/8/2019 13:13:12 (eastern)
	City, State, Zip Code	
	☐ Check here if address has changed	(3) ID Number: 546
(4)		(3) 12 (44)1001.
(4)	Check appropriate box(es): Candidate Office Sought: School Board,	At Large 9
		At harge 9
	☐ 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
		Identifiers
Cove	er Period: From $9 / 1 / 2019$ To	9 / 30 / 2019 Report Type: M9
0	riginal Amendment Spe	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
		Monetary
Cash	n & Checks \$,,,001	Expenditures \$, ,
Loar	s \$, , 0.00	Transfers to
Loai	, , ,	Office Account \$, , 0 . 00
Tota	I Monetary \$, , 0 . 01	· / / /
		Total Monetary \$, , 0 . 00
In-Ki	nd \$, , 0.00	
		(8) Other Distributions
		\$,, <u>0</u> . <u>00</u>
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
. ,	\$,, 905 . 21	\$, ,, 344 . 50_
	(11) Cert It is a first degree misdemeanor for any pers	
١٥		
10	ertify that I have examined this report and it is true, corre	ect, and complete:
	ype name)	(Type name)
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)
v		V
X	gnature	X Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Narnike Grant				2) I.D. Numbe	er	346
(0) C B	9/1/2019	th re		/30/2019	(A) D-	ss 1	of ¹
(3) Cover Peri	od/	ruic	ougn	<i>I I</i>	(4) Pag	je <u> </u>	or
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
9/26/2019	Bank of America, O 6101 Cora Ridge Parkland, FL 33076	0		IN		Add	\$0.0
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

1) Name Narnik	9/1/2019	9/30/2019		l.D. Numbe	No.	
3) Cover Period _	/through		(4)	Page	lof	0
(5) Date	(7) Full Name	(8) Purpose		(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office soug contribution t candidate)	o a	Expenditure Type	Amendment	Amount
//						
					4 6	
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					13	

DC.	DE	11	/Pov	11/13	1