	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Our Kids First	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	118 North Gadsden Street	Submitted on:						
	Address (number and street)	10/10/2019 10:44:48 (eastern)						
	Tallahassee, FL 32301							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:562						
(4)	Check appropriate box(es):							
	Candidate Office Sought:							
	☒ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded						
		☐ Check here if PTY has disbanded						
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	dentifiers						
Cove		9 / 30 / 2019 Report Type: 19M9						
		ecial Election Report T						
(6)	Contributions This Report	(7) Expenditures This Report						
		Monetary						
Cash	h & Checks \$, , <u>350</u> . <u>00</u>	Expenditures \$, , <u>55</u>						
Lagu	\$ 0.00	To a contract the Area						
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$						
Tota	al Monetary \$, , 350 . 00	Office Account \$, , , 0 . 00						
TUla	1 Monetary	Total Monetary \$, 7 . 55						
In-Ki	ind \$,, _0.00	,, ,, ,, ,, ,, ,, ,,,,						
III-IXI	nd	(8) Other Distributions						
	1	(8) Other Distributions \$, , 000_						
		, <u> </u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$	\$, , <u>576</u> . <u>67</u>						
	(11) Cert It is a first degree misdemeanor for any perso							
١٥								
10	I certify that I have examined this report and it is true, correct, and complete:							
_(T	ype name)	(Type name)						
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		×						
	ignature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	er	562				
(3) Cover Perio	9/1/2019 od//	through	/30/2019 //	(4) Pag	e <u>1</u>	of
(5)	(7)	(8)	(9)	(10)	(11)	(12)

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре		Contribution Type	In-kind Description	Amendment	Amount
9/11/2019	Long, Charles 1205 Marion Ave Tallahassee, FL 32303	Ī	physician	СН			\$100.00
1							
9/13/2019	DeSloge, Bryan 301 S Monroe St Tallahassee, FL 32301	I	county commissior er	CH 1			\$250.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Our	Kids	Fir	st				 (2) I.D. Nun	nber	5	562	
		9/1	/201	9		9/30/	2019	**				
(3) Cover Pe	riod		I	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
9/30/2019	Paypal, 2211 North First St San Jose, CA 95131	contribution processing fee	MO		\$7.55
1	buil dose, ca 99191				
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