

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Our Kids First

Name

(2) 118 North Gadsden Street

Address (number and street)

Tallahassee, FL 32301

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 562

OFFICE USE ONLY

ONLINE SUBMISSION

[1222592]

Submitted on:

8/7/2020 09:06:00 (eastern)

(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) Report Identifiers

Cover Period: From 7 / 25 / 2020 To 7 / 31 / 2020 Report Type: 20P6

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . 00

Loans \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 0 . 00

In-Kind \$ _____ , _____ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 216 . 00

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 216 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 71 , 047 . 83

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 10 , 847 . 74

(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 Our Kids First (2) I.D. Number 562
7/25/2020 7/31/2020
 (3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Our Kids First (2) I.D. Number 562
 (3) Cover Period 7/25/2020 through 7/31/2020 (4) Page 1 of 1

(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
7/31/2020 / /	Square Inc, 1455 Market St, Ste 600 San Francisco, CA 94103	contribution processing fee	MO		\$216.00
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