CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) It's All About the Kids!	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1273620]							
(2) <u>2600 South Douglas Road; Suite #900</u>	Submitted on:							
Address (number and street) Coral Gables, FL 33134	8/4/2022 17:25:50 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 1504							
(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							
	☐ Check here if no other IE or EC reports will be filed							
individual making electioneering communications)								
(5) Report Identifiers								
Cover Period: From 7 / 23 / 2022 To	7 / <u>29</u> / <u>2022</u> Report Type: <u>22P5</u>							
⊠ Original	ecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$,, <u>000</u> . <u>00</u>	Expenditures \$, , , 00							
Loans \$,,0.00	Transfers to							
	Office Account \$,,,0.00							
Total Monetary \$, 1,000.00								
	Total Monetary \$, , 0 . 00							
In-Kind \$,,,								
	(8) Other Distributions							
	\$,, <u>0</u> . <u>00</u>							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$, <u>134</u> , <u>000</u> . <u>00</u>	\$, <u>98</u> , <u>439</u> . <u>19</u>							
(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) (Type name)								
Individual (only for IE Treasurer Deputy Treasurer	Candidate Chairperson (only for PC and PTY)							
or electioneering comm.)								
X	<u>x</u>							
Signature	Signature							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name All About the Kids!			(2) I.D. Number				
	7/23/2022			/29/2022			
(3) Cover Peri	od / /	thro			(4) Pag	e	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount
7/29/2022 / /	HOOVER FAMILY MEDICINE PA, 2400 SW 69TH AVE MIAMI, FL 33155		doctors office	CH			\$1,000.0
1 1							
1 1							
1 1							
1 1	_						
1 1							
1 1							
1 1							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name <u>It's</u>		PENDITURES D. Number			
	7/23/2022 /through	7/29/2022	(4) Page <u>1</u>		0
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9)	(10) Amendment	(11) Amount
11					
_/ /					
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES