CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Coral Gables First	OFFICE USE ONLY							
` '	Name	ONLINE SUBMISSION							
(2)	2600 S Douglas Road; Suite 900	[1208997]							
	Address (number and street)	Submitted on:							
	Coral Gables, FL 33134	6/8/2020 15:02:45 (eastern)							
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:1991							
(4)	4) Check appropriate box(es):								
	☐ Candidate       Office Sought:         ☑ Political Committee (PC)       ☐ 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								
	(5) Report	Identifiers							
Cove	er Period: From <u>5</u> / <u>1</u> / <u>2020</u> To								
X O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Cash	n & Checks \$,2, _00000	Monetary Expenditures \$ ,2 , 832 . 50							
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$ , , 0 . 00							
Tota	Monetary \$ ,2 , _00000	Total Monetary \$ , 2 ,832 . 50							
In-Ki	nd \$,,,000								
		(8) Other Distributions \$ , , 000							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$	\$, <u>150</u> , <u>023</u> . <u>79</u>							
(T <u>)</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)    Individual (only for IE   Treasurer   Deputy Treasurer or electioneering comm.)  (Type name)   Candidate   Chairperson (only for PC and PTY)								
X		_X							
Sic	gnature	Signature							

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	Coral Gables First			z) I.D. Numbe	· 1	991
	5/1/2020		5/31/2020		1	1
(3) Cover Perio	od//	_ through <sub>-</sub>		(4) Pag	e	of
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contribut	pation Type	In-kind Description	Amendment	Amount
5/27/2020 /	COSTA III, JOSE A. 210 EDGEWATER DRIVE CORAL GABLES, FL 33133	I agric e	cultur CH			\$2,000.0
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name	Coral	Gables	s First				 (2) I.D. Nur	nber	1	L991	
		5/1/20	20		5/31/2	020					
(3) Cover Pe	eriod	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
5/4/2020	RIESCO AND COMPANY, LLC ,  2600 SOUTH DOUGLAS RD STE 900 CORAL GABLES, FL 33134	professional fees	МО		\$2,825.00
5/31/2020	PACIFIC NATIONAL BANK , 255 Aragon Ave Coral Gables, FL 33134	bank fee	МО		\$7.50
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