

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Coral Gables First
 Name
 (2) 2600 S Douglas Road; Suite 900
 Address (number and street)
Coral Gables, FL 33134
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1216631]
 Submitted on:
 7/15/2020 12:04:13 (eastern)

Check here if address has changed

(3) ID Number: 1991

(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
- 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

Cover Period: From 6 / 27 / 2020 To 7 / 10 / 2020 Report Type: 20P3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 2 , 500 . 00

Loans \$, , 0 . 00

Total Monetary \$, 2 , 500 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 7 . 50

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 7 . 50

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 324 , 295 . 30

(10) TOTAL Monetary Expenditures To Date

\$, 155 , 031 . 29

(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 Coral Gables First (2) I.D. Number 1991
 (3) Cover Period 6/27/2020 through 7/10/2020 (4) Page 1 of 1

(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
7/6/2020 / /	MIAMI SPINE INSTITUTE LLC , 5140 RIVIERA DR CORAL GABLES, FL 33146	B	medical office	CH			\$2,500.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Coral Gables First

(2) I.D. Number 1991

(3) Cover Period 6/27/2020 through 7/10/2020

(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
(6) Sequence Number					
6/30/2020 //	PACIFIC NATIONAL BANK , 255 ARAGON AVE CORAL GABLES, FL 33134	bank fee	MO		\$7.50
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