CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Our Time is Now ECO	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION [1154597]					
(2)	P.O. BOX 454351, MIAMI, FL 33245; 2123	1 SW 13 AVE Submitted on:					
	Address (number and street)	5/9/2018 16:18:37 (eastern)					
	MIAMI, FL 33145						
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number:					
(4)	1) Check appropriate box(es):						
	Candidate Office Sought:						
	Political Committee (PC)	Check here if BC or ECO has disharded					
	<ul><li></li></ul>	☐ 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) Papari	t Identifiers					
Cov							
	er Period: From $\frac{4}{2}$ / $\frac{1}{2018}$ To						
× O	riginal Amendment Sp	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
		Monetary					
Casl	h & Checks \$ , , 0 . <u>00</u>	Expenditures \$ , , 0 . 00					
	Φ 0.00						
Loar	s , , , , 000	Transfers to Office Account \$					
	<b>c</b> 0 00	Office Account \$ , , , 0 . 00					
Tota	I Monetary \$ , , , 000	Total Monetary \$ . 0 . 00					
	<b>.</b> . <b>.</b>	Total Monetary \$ , , , 0 . 00					
In-Ki	ind \$,,, <u>0</u> . <u>00</u>						
		(8) Other Distributions					
		\$ , , <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$, <u>10</u> , <u>600</u> . <u>00</u>	\$, <u>10</u> , <u>000</u> . <u>00</u>					
		tification son to falsify a public record (ss. 839.13, F.S.)					
	•	. , ,					
Ic	certify that I have examined this report and it is true, com-	rect, and complete:					
_(T	ype name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
Х		x					
	gnature	Signature					

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Our Time is Now ECO (2) I.D. Number 2012							012
	4/1/2018 od///		4	/30/2018 ///	(4) Pag	e <u>1</u>	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code		(8)  ontributor  Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
/ /	Oity, State, 21p Code	Туре	Occupation	Туре	Description	, and a second	Amount
J I							
1 1							
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1 1							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name <u>Our</u>	ED EXPENDIT (2) I.D. Number				
(3) Cover Period	4/1/2018 /through_	4/30/2018	(4) Page1	of	0
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought contribution to a candidate)	Expenditure Type	Amendment	Amount
//					
//					
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