CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Miami First	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	3126 Coral Way	Submitted on:							
	Address (number and street)	11/15/2021 17:24:14 (eastern)							
	Miami, FL 33145  City, State, Zip Code								
		(3) ID Number: 2029							
(4)	Check here if address has changed	(3) ID Number: 2029							
(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							
Cove	er Period: From $10$ / $1$ / $2021$ To	10 / 31 / 2021 Report Type: 21M10							
0	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$ , , , 000	Monetary							
Loar	s , , , , 000	Transfers to Office Account \$ , , 0 . 00							
	I Monetary \$,,	Total Monetary \$ , , 0 . 00							
In-Ki	nd \$ , , 0 . 00								
		(8) Other Distributions							
		\$ , , <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$ <u>1</u> , <u>882</u> , <u>800</u> . <u>00</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:									
	ype name) Individual (only for IE  Treasurer  Deputy Treasurer	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)							
	electioneering comm.)	☐ Chairperson (Only for PC and PTY)							
X		x							
Si	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Miami First				2) I.D. Numbe	<b>r</b> 2	2029
	10/1/2021		1	0/31/2021		1	0
(3) Cover Perio	od / /	_ thro	ough	<i>l l</i>	(4) Page	3	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
Number	Oity, Otate, Zip Oode	Турс	Occupation	Турс	Description		Amount
1 1							
1 1							
1 1							
1 1							
, ,							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13 ) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name	Miami	First					_ (2) I.D. Nun	nber	2	2029	
		10/1/2	021		10/31/	2021	~ ~	-			
(3) Cover Per	riod	1	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
10/29/2021	ACCOUNTING SERVICES P.L.L.C., TAX & CERTIFIED PUBLIC Business 3128 Coral Way Miami, FL 33145	costs reimbursement	MO	Delete	\$400.00
10/29/2021	ACCOUNTING SERVICES P.L.L.C., TAX & CERTIFIED PUBLIC Business 3128 Coral Way Miami, FL 33145	bookkeeping fees	МО	Add	\$400.00
10/30/2021	ACCOUNTING SERVICES P.L.L.C., TAX & CERTIFIED PUBLIC 3128 Coral Way Miami, FL 33145	reimbursements	МО	Delete	\$100.00
10/30/2021	ACCOUNTING SERVICES P.L.L.C., TAX & CERTIFIED PUBLIC 3128 Coral Way Miami, FL 33145	bookkeeping fees	МО	Add	\$100.00
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