CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) City Now	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1159313]							
(2) 2341 NE 193rd Street	Submitted on:							
Address (number and street) Miami, FL 33180	6/29/2018 23:42:09 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 2102							
(4) Check appropriate box(es):								
Candidate Office Sought:								
Political Committee (PC)								
Electioneering Communications Org. (ECO) Party Executive Committee (PTY)	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) Report Identifiers								
Cover Period: From <u>6</u> / <u>1</u> / <u>2018</u> To	o <u>6</u> / <u>22</u> / <u>2018</u> Report Type: <u>18P1</u>							
☐ Original ☐ Amendment ☐ S	pecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$, , 00	Expenditures \$, , 0 . 00							
\$ 0.00	Transform to							
Loans \$,, <u>0</u> .00	Transfers to Office Account \$,,,							
Total Monetary \$, , 0.00	· · · · · · · · · · · · · · · · · · ·							
	Total Monetary \$,,0 . 00							
In-Kind \$,,0.00								
	(8) Other Distributions							
	\$,,000							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$,,000	\$,,000							
(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	x							
Signature	Signature							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	City Now		(2) I.D. Number				
	6/1/2018			/22/2018			
(3) Cover Perio	od / /	thro	ough	11_	(4) Pag	e _1	of _0
				I			
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1	-						
		-					
1 1	-						
							2
1 1	-						
			-				
1 1	-						
1 1	-						
1 1							
	•						
					6		
1 1							
	-						
			0				
1 1							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name <u>City</u>	URES				
	6/1/2018 6, /through	/22/2018	4) Page <u>1</u>	of	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) Expenditure Type	(10) Amendment	(11) Amount
_/ /					
//					
_/ /					
_/ /					
_/ /					
_/ /					

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