	CAMPAIGN TREASURE	R'S REPORT SUMMARY				
(1)	Ethical and Responsible Leadership	OFFICE USE ONLY				
	Name	ONLINE SUBMISSION [1177659]				
(2)	17602 SW 84 Avenue	Submitted on:				
	Address (number and street) Palmetto Bay, FL 33157	10/25/2018 23:01:47 (eastern)				
,	City, State, Zip Code					
	☐ Check here if address has changed	(3) ID Number: 2211				
(4)	Check appropriate box(es):	(6)				
(4)						
	☐ 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 10 / 20 / 2018 To	11 / 1 / 2018 Report Type: 18G7				
X O	riginal Amendment Spe	ecial Election Report				
(6)	Contributions This Report	(7) Expenditures This Report				
	•	Monetary				
Cash	n & Checks \$, , 0 . <u>00</u>	Expenditures \$, , 0 . 00				
Loan	s \$, , 0.00	Transfers to				
Loai	, , ,	Office Account \$, , 0 . 00				
Total	I Monetary \$, , 0 . 00					
		Total Monetary \$, , _ 0 . 00				
In-Ki	and \$,,0.00					
		(8) Other Distributions				
		\$,,, <u>0</u> . <u>00</u>				
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
	\$,, <u>0</u> . <u>00</u>	\$, , <u>0</u> . <u>00</u>				
	(11) Cert It is a first degree misdemeanor for any pers					
l a						
I C	ertify that I have examined this report and it is true, corre	ect, and complete:				
	ype name)	(Type name)				
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)				
X		X				
	gnature	Signature				

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

	10/20/2018	1	11/1/2018			nber <u>2211</u>		
(3) Cover Period		throug	h	<i>I I</i>	(4) Pag	e	of	
	(7) Full Name .ast, Suffix, First, Middle)	3)		(9)	(10)	(11)	(12)	
Sequence	Street Address &	Contr	Z/SISNANES HOOK NIIV	Contribution	In-kind	Amondment	A	
Number	City, State, Zip Code	Type O	ccupation	Туре	Description	Amendment	Amount	
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1 1								
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	ical and Responsible Leader 10/20/2018 11		(2) I.D. Number			
3) Cover Period	10/20/2018 11 /through	<u></u>	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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