CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Friends of South Dade	OFFICE USE ONLY								
` '	Name	ONLINE SUBMISSION [1233678]								
(2)	2600 South Douglas Road; Suite 900	Submitted on:								
	Address (number and street)	10/8/2020 14:20:03 (eastern)								
	Coral Gables, FL 33134 City, State, Zip Code	` `								
		(2) ID Number 2								
	Check here if address has changed	(3) ID Number: 2235								
(4)	Check appropriate box(es):									
	☐ 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 $9 / 26 / 2020$ To	10 / 2 / 2020 Report Type: 20G4								
<u>X</u> 0	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Cash	n & Checks \$, , 0 . <u>00</u>	Monetary Expenditures \$, , , 2 . 29								
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$, , 0 . 00								
Total Monetary \$, , 0 . 00		Total Monetary \$, , 2 . 29								
In-Ki	nd \$, , 0.00	,,								
		(8) Other Distributions								
		\$, <u> </u>								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, <u>39</u> , <u>025</u> . <u>00</u>	\$, <u>39</u> , <u>025</u> . <u>00</u>								
	(11) Cert It is a first degree misdemeanor for any pers									
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 electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)								
X		X								
	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Friends of South D	ade		(2) I.D. Number 2235					
	9/26/2020		1	0/2/2020					
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Pag	e	of 0		
		T							
(5)	(7)		(8)	(9)	(10)	(11)	(12)		
Date	Full Name								
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount		
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Friends	of	South	Dade	111-1111		 (2) I.D. Nur	nber	2	2235	
	9,	26/	2020		10/2/2	020					
(3) Cover Pe	riod	1	1	through	1	1	(4) Page	1	of	1	

(5) Date	(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
9/30/2020	REGIONS, 3516 MAIN HIGHWAY MIAMI, F1 33133-	bank fee	MO		\$2.29
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