CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Committed to Homestead	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1237963]						
(2) 406 Washington Avenue	Submitted on:						
Address (number and street) Homestead, FL 33030	11/1/2020 13:34:50 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 2282						
(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							
Cover Period: From <u>10</u> / <u>17</u> / <u>2020</u> To	<u>10</u> / <u>29</u> / <u>2020</u> Report Type: <u>20G7</u>						
☑ Original ☐ Amendment ☐ Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$, , , 0 . 00	Expenditures \$, , <u>750</u> . <u>00</u>						
Loans \$,, 0.00	Transfers to						
	Office Account \$,,0 . 00						
Total Monetary \$,,,0 00							
	Total Monetary \$, , <u>750</u> . <u>00</u>						
In-Kind \$,, 00							
	(8) Other Distributions \$, , 0.00						
	\$,, <u>0</u> . <u>00</u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u></u> 8_, <u>00</u> <u>00</u> _	\$, <u>25</u> , <u>634</u> . <u>00</u>						
(11) Cer	tification						
(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 or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
X	<u>X</u>						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Committed to Homes	to Homestead (2) I.D. Number 22					282	
10/17/2020				10/29/2020				
(3) Cover Perio	od / /	thro	ough	I I	(4) Pag	e _1	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence	Street Address &	C	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
/ /								
1 1								
1 1								
1 1								
1 1								
1 1								
/ /								
/ /								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Com	CAMPAIGN TREASURER'		D EXPENDII (2) I.D. Numbei		2282
(3) Cover Period	10/17/2020 I/ _/through_	10/29/2020 / /	(4) Page <u>1</u>	of_	1
(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
	Luisa Santos Campaign, 1551 NW 17 Street Homestead , FL 33030	contribution	MO		\$750.00
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_/ /					
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES