CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Committed to Homestead	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1203779]						
(2) 406 Washington Avenue	Submitted on:						
Address (number and street) Homestead, FL 33030	4/8/2020 11:17:03 (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) Electionscript Communications Org. (ECO)	Check have if PC or ECO has dishended						
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>3</u> / <u>1</u> / <u>2020</u> To	<u>3</u> / <u>31</u> / <u>2020</u> Report Type: <u>20M0</u> <u>2</u>						
ĭ Original ☐ Amendment ☐ Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$, , , 0 . 00	Expenditures \$, , , 9 95						
Loans \$,,_0.00	Transfers to						
	Office Account \$,,0.00						
Total Monetary \$, , 0.00							
	Total Monetary \$, , 9.95						
In-Kind \$,,0 00							
	(8) Other Distributions						
	\$,, <u>0</u> . <u>00</u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, 25_, 500 . 00_	\$, 24, 824.30						
(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 I Treasurer Deputy Treasurer	Candidate Chairperson (only for PC and PTY)						
or electioneering comm.)							
X	x						
Signature	Signature						

DS-DE 12 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Committed to Homestead (2) I.D. Number					e r 2	2282	
3/1/2020				3/31/2020				
(3) Cover Perio	od / /	thro	bugh	<i>ll</i>	(4) Pag	e _1	of	
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	C 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	_							
1 1	-							
/ /	_							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Com	CAMPAIGN TREASURER' mitted to Homestead		D EXPENDIT (2) I.D. Number	2282	
(3) Cover Period	3/1/2020 /_/through_	3/31/2020 / /	(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
	CenterState Bank, 1550 N. Krome Ave. Homestead, Fl 33030	bank fee	MO		\$9.95
_/ /					
11					
11					
11					
11					
11					

DS-DE 14 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES