CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Committed to Homestead	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	406 Washington Avenue	Submitted on:							
	Address (number and street)	5/6/2020 14:27:53 (eastern)							
	Homestead, FL 33030 City, State, Zip Code								
	_	(2) ID Number							
	Check here if address has changed	(3) ID Number: 2282							
(4)	Check appropriate box(es):								
	☐ Candidate Office Sought: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐								
	☐ 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	t Identifiers							
Cove	er Period: From $\underline{4}$ / $\underline{1}$ / $\underline{2020}$ To	4 / 30 / 2020 Report Type: 20M04							
X O	riginal Amendment Sp	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	h & Checks \$, , 000	Monetary							
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to							
		Office Account \$, , 0 . 00							
Tota	I Monetary \$, , 0 . <u>00</u>								
		Total Monetary \$, , 9 . 95							
In-Ki	ind \$, , 0 . <u>00</u>								
		(8) Other Distributions \$, , 000							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$	\$, <u>24</u> , <u>834</u> . <u>25</u>							
		tification son to falsify a public record (ss. 839.13, F.S.)							
10	I certify that I have examined this report and it is true, correct, and complete:								
	ype name)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
X		x							
Si	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Committed to Homes	tead			2) I.D. Numbe	er2	282
(3) Cover Perio	4/1/2020 od / /	thro		/30/2020 ///	(4) Pag	e <u>1</u>	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8)	(9) Contribution	(10)	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
J I							
1 1							
J J							
1 1							
1 1							
1 1							
J J							
J I							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Committe	ed to	Home	stead			(2) I.D. Nun	nber	2	2282	.00
	4/	1/20	20		4/30/202	20					
(3) Cover Pe	riod	_/		through_	/		(4) Page	1	of	1	

(5)	(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
4/30/2020	CenterState Bank, 1550 N. Krome Ave.	acct fee	MO		\$9.95
	Homestead, Fl 33030				
1			÷	-	÷
, ,					
				3	5
//					
11					
0 3					
//					
DS-DE 14 (Rev.	4442.1				