CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Committed to Homestead	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1209273]							
(2) 406 Washington Avenue	Submitted on:							
Address (number and street) Homestead, FL 33030	6/9/2020 12:42:59 (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) 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>5</u> / <u>1</u> / <u>202</u> 0 To	<u>5</u> / <u>31</u> / <u>2020</u> Report Type: <u>20M05</u>							
🖾 Original 🗌 Amendment 🗌 Sp	pecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$, , , 0 . 00	Expenditures \$, , , 9 . 95							
Loans \$,,0.	Transfers to							
	Office Account \$, , 0.00							
Total Monetary \$, , 0.00								
	Total Monetary \$, , 9.95							
In-Kind \$,,000								
	(8) Other Distributions							
	\$,,000							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$, 25, 500, 00	\$, _24 , 844 . 20							
(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, cor								
(Type name)	(Type name)							
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer	Candidate Chairperson (only for PC and PTY)							
or electioneering comm.)								
x	x							
Signature	Signature							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	meCommitted to Homestead				(2) I.D. Number			
	5/1/2020		5	/31/2020		-	0	
(3) Cover Perio	od / /	thro	bugh	11	(4) Page	e	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	_							
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	5/1/2020 // through_	5/31/2020 //	(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 in contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
	CenterState Bank, 1550 N. Krome Ave. Homestead, Fl 33030	account fee	MO		\$9.95
_/ /					
_/ /					
_ / _					
_ / _					
11					
11					
11					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES