CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Committed to Homestead	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1240454]						
(2) 406 Washington Avenue	Submitted on:						
Address (number and street) Homestead, FL 33030	12/8/2020 13:16:25 (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						
	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>30</u> / <u>2020</u> To	<u>11</u> / <u>30</u> / <u>2020</u> Report Type: <u>20M1</u> 1						
Image: Special Election Report							
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$, , , 000	Monetary Expenditures \$, , <u>201</u> . <u>45</u>						
Loans \$,, <u>0</u> .00	Transfers to Office Account \$, , 0 . 00						
Total Monetary \$,,,	Total Monetary \$,, 201 . 45						
In-Kind \$,, <u>0</u> . <u>00</u>							
	(8) Other Distributions						
	\$,, <u>0</u> . <u>00</u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>28</u> , <u>500</u> . <u>00</u>	\$, <u>25</u> _, <u>835</u> . <u>45</u>						
(11) Cer	tification						
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	x						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	tead	(2) I.D. Number						
				11/30/2020				
(3) Cover Perio	od / /	thro	bugh	<i>II</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	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Com	CAMPAIGN TREASURER'	(2) I.D. Number		2282	
(3) Cover Period	10/30/2020 1 / / through	11/30/2020 //	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	
11/20/2020 1	Miami-Dade County, 2700 NW 87 Ave. Miami, FL 33172	fee	МО		\$187.50	
11/30/2020 /// 2	CenterState Bank, 1550 N. Krome Ave. Homestead, FL 33030	acct fees	МО		\$13.95	
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