CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Committed to Homestead	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1248799]						
(2) 406 Washington Avenue	Submitted on:						
Address (number and street) Homestead, FL 33030	9/3/2021 08:45:37 (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>8</u> / <u>1</u> / <u>2021</u> To	8 / <u>31</u> / <u>2021</u> Report Type: <u>21M08</u>						
☐ Original ☐ Amendment ☐ Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$,,,	Expenditures \$, , , 00						
Loans \$,,0 . 00	Transfers to						
	Office Account \$,,0 . 00						
Total Monetary \$, , 0.00	· , , , ,						
	Total Monetary \$, , 4.00						
In-Kind \$,,0.00	/ /						
	(8) Other Distributions						
	\$,,000						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, 100_, 000 . 00_	\$, 28, 962.36						
(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	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	Committed to Homes	ted to Homestead (2) I.D. Number 22					282
			/31/2021				
(3) Cover Perio	od / /	thro	ough	II	(4) Pag	e _1	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)	_		_			
Sequence Number	Street Address & City, State, Zip Code	Со Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	7 unenditione	Amount
1 1	-						
1 1	-						
1 1	_						
1 1	_						
1 1	_						
1 1	_						
1 1							
1 1							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name <u>Com</u>	CAMPAIGN TREASURER' mitted to Homestead	D EXPENDITURES (2) I.D. Number 2282			
(3) Cover Period	8/1/2021 // through_	8/31/2021 //	(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 it contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
	SouthState Bank, 1550 N. Krome Ave. Homestead, FL 33030	account fees	мо		\$4.00
_/ /					
_ / _					
11					
_ / _					
_ / _					
11					
11					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES