

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Committed to Homestead

Name

(2) 406 Washington Avenue

Address (number and street)

Homestead, FL 33030

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)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

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ONLINE SUBMISSION  
[1294077]

Submitted on:  
3/10/2023 09:25:19 (eastern)

### (5) Report Identifiers

Cover Period: From 2 / 1 / 2023 To 2 / 28 / 2023 Report Type: 23M02

☒ Original

☐ Amendment

☐ Special Election Report

### (6) Contributions This Report

Cash & Checks \$        , 16 , 000 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        , 16 , 000 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 2 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 2 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 149 , 000 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        , 124 , 713 . 75

### (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)

☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☐ Deputy Treasurer

X

Signature

(Type name)

☐ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Committed to Homestead (2) I.D. Number 2282  
 2/1/2023 through 2/28/2023  
 (3) Cover Period 2/1/2023 / 2/28/2023 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation			
2/21/2023 / /	Alger Farms Inc, 980 NW 8 Street Homestead , FL 33030	B	farming	CH		\$5,000.00
1						
2/22/2023 / /	Sunshine Gasoline Distributors, 1650 NW 87 Ave. Miami , FL 33172	B	gasoline distributi on	CH		\$10,000.00
2						
2/28/2023 / /	Jones, Thomas R 17950 SW 285 Street Homestead , FL 33030	I	insurance	CH		\$1,000.00
3						
/ /						
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# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Committed to Homestead

(2) I.D. Number 2282

(3) Cover Period 2/1/2023 through 2/28/2023

(4) Page 1 of 1

(5) Date	(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
2/28/2023 / /	SouthState Bank, 1550 N Krome Ave Homestead, FL 33030	acct fee	MO		\$2.00
1					
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