

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) New Dade  
 Name  
 (2) c/o PRCPA 2950 SW 27th Avenue; Suite 100  
 Address (number and street)  
Miami, FL 33133  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1240606]

Submitted on:  
 12/10/2020 15:56:18 (eastern)

Check here if address has changed (3) ID Number: 2338

(4) Check appropriate box(es):

Candidate Office Sought: \_\_\_\_\_

Political Committee (PC)

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 Identifiers

Cover Period: From 10 / 30 / 2020 To 11 / 30 / 2020 Report Type: 20M11

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,      , 16 . 33

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 16 . 33

In-Kind \$      ,      , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$      ,      , 0 . 00

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 0 . 00

**(8) Other Distributions**  
 \$      ,      , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$      , 44 , 735 . 80

**(10) TOTAL Monetary Expenditures To Date**  
 \$      , 7 , 572 . 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, 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 New Dade (2) I.D. Number 2338  
 (3) Cover Period 10/30/2020 through 11/30/2020 (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							
11/30/2020 / /	PROFESSIONAL BANK, 1518 San Ignacio Ave Coral Gables, Fl 33146	B	bank	IN			\$7.89
1							
10/30/2020 / /	PROFESSIONAL BANK, PROFESSIONAL 1518 San Ignacio Ave CORAL GABLES, Fl 33146	B	bank	IN			\$8.44
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name New Dade

(2) I.D. Number 2338

(3) Cover Period 10/30/2020 through 11/30/2020

(4) Page 1 of 0

(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
(6) Sequence Number					
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