

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
 [1290563]
 Submitted on:
 1/10/2023 12:53:43 (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 9 / 3 / 2022 To 9 / 16 / 2022 Report Type: 22G2
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00
 Loans \$, , 0 . 00
 Total Monetary \$, , 0 . 00
 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
 \$, 379 , 345 . 93

(10) TOTAL Monetary Expenditures To Date
 \$, 212 , 522 . 09

(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 9/3/2022 through 9/16/2022 (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name New Dade

(2) I.D. Number 2338

(3) Cover Period 9/3/2022 through 9/16/2022

(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
(6) Sequence Number					
9/9/2022 //	CONSUEGRA, PRISCILLA 3106 W 74 ST HIALEAH , FL 33018	event reimbursement	MO	Delete	\$271.00
1					
9/9/2022 //	CONSUEGRA, PRISCILLA 3106 W 74 ST HIALEAH , FL 33018	event reimbursement	RM	Add	\$271.00
2					
//					
//					
//					
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