CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Moms For Safer Schools	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	11767 S. Dixie Hwy; #477	Submitted on:							
	Address (number and street)	10/23/2020 08:57:18 (eastern)							
	Pinecrest, FL 33156 City, State, Zip Code								
		(3) ID Number: 2418							
<i>(</i>	Check here if address has changed	(3) ID Number: 2418							
(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							
		☐ Check here if no other IE or EC reports will be filed							
	individual making electioneering communications)								
	(5) Report	Identifiers							
Cove	er Period: From $10 / 17 / 2020$ To								
		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
(0)	Contributions This Report								
Casl	h & Checks \$, , 0 . 00	Monetary							
Loar	s , , , ,	Transfers to Office Account \$							
	Ф 0 00	Office Account \$, , , 0 . 00							
Tota	I Monetary \$, , 000	Total Monetary \$. 100 . 00							
In-Ki	ind \$, , 0.00	Total Monetary \$, , 100 . 00							
	<u> </u>	(8) Other Distributions							
		\$, ,, <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>100</u> . <u>00</u>	\$, , <u>100</u> . <u>00</u>							
	(44) 0	1:5: A!							
		tification on to falsify a public record (ss. 839.13, F.S.)							
Ιc	certify that I have examined this report and it is true, corr	rect, and complete:							
(Type name) (Type name)									
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
X		x							
	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Moms For Safer Sch	ools	(2) I.D. Number							
	10/17/2020		1	0/29/2020						
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Pag	e	of			
				r						
(5)	(7)		(8)	(9)	(10)	(11)	(12)			
Date	Full Name									
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind					
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount			
Turnor	Oily, State, Zip Souc	1,700	Оссаранон	1,00	Becompaign		3 tillourie			
J I										
, ,										
1										
,										
1 1										
ī ī										
1										
f I										
J I										
1 1										
,										
1 1										

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name!	Moms	For	Safe	s Scho	ools			 (2) I.D. Nun	nber	2	2418	-
		10/	17/20	20		10/29/	/2020					
(3) Cover Pe	riod		I	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
10/23/2020	Mendez, Martika 21530 SW 87 Pl MIami, FL 33189	return of loan	MO	Add	\$100.00
1	MIGHIL, FL 33109				
//					
//					
//					
//					
//					
//					
DS-DE 14 (Rev.					