CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Invest in Our Community	OFFICE USE ONLY								
1	lame	ONLINE SUBMISSION [1245022]								
I'' —	600 South Douglas Road; Suite 900	Submitted on:								
1	ddress (number and street) oral Gables, FL 33134	4/8/2021 14:02:20 (eastern)								
I —	City, State, Zip Code									
	Check here if address has changed	(3) ID Number: 2461								
	heck appropriate box(es):									
· · ·	Candidate Office Sought:									
-	Political Committee (PC)	· · · · · · · · · · · · · · · · · · ·								
		Check here if PC or ECO has disbanded								
		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										
1		<u>3</u> / <u>31</u> / <u>2021</u> Report Type: <u>21M03</u>								
🛛 Origi	inal Amendment Spe	ecial Election Report								
(6) C	ontributions This Report	(7) Expenditures This Report								
		Monetary								
Cash &	Checks \$,, <u>0</u> . <u>00</u>	Expenditures \$,, 25 . 00								
1	0.0.0	Toutet								
Loans	\$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$,,0 . 00								
Total M	lonetary \$, , 0.00	· · · · · · · · · · · · · · · · · · ·								
Total Monetary \$,, 0.00		Total Monetary \$, , 25.00								
In-Kind	\$,,0.00	· · · · · · · · · · · · · · · · · · ·								
		(8) Other Distributions								
		\$,, <u>0</u> . <u>00</u>								
(9) TC	OTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
\$,55,00000	\$, 54 , 555 . 00								
(11) Certification										
	It is a first degree misdemeanor for any pers									
I certify that I have examined this report and it is true, correct, and complete:										
	name)	(Type name)								
	lividual (only for IE	Candidate Chairperson (only for PC and PTY)								
X		<u>X</u>								
Signa	ature	Signature								

DS-DE 12 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name				(2) I.D. Number				
	3/1/2021	-		/31/2021				
(3) Cover Perio	/ bc	thro	ough	<i>ll</i>	(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	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount	
		1900	occupation	1300	Decemption		, another	
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 Inv	CAMPAIGN TREASURER ² est in Our Community			EXPENDITURES P) I.D. Number		
(3) Cover Period	3/1/2021 // through	3/31/2021	(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 if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount	
	CITY NATIONAL BANK, 8411 SW 40 STREET MIAMI, FL 33155	bank fee	MO		\$25.00	
_ / _						
_/ /						
_/ /						
_/ /						
_/ /						
11						
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES