(1) Invest in Our Community OFFICE USE ONLY									
Name [1247920]	N								
(2) 2600 South Douglas Road; Suite 900									
Address (number and street) Coral Gables, FL 33134 8/4/2021 13:29:29 (eastern)								
City, State, Zip Code									
Check here if address has changed (3) ID Number: 246	_								
(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) Independent Expenditure (IE) (also covers an Check here if PTY has disbanded Check here if no other IE or EC reports will be 	filed								
individual making electioneering communications)	meu								
(5) Report Identifiers									
Cover Period: From 7 / 1 / 2021 To 7 / 31 / 2021 Report Type: 2	01M07								
	. 1110 /								
(6) Contributions This Report (7) Expenditures This Report									
MonetaryCash & Checks\$,0.00Expenditures\$,25.00	חר								
$\begin{array}{cccccccccccccccccccccccccccccccccccc$									
Loans \$, , 0.00 Transfers to									
Office Account \$ _ , _ , _ 0 . (00								
Total Monetary \$,,0 00									
Total Monetary \$, , 25 . (00								
In-Kind \$,, <u>0</u> .00									
(8) Other Distributions									
\$	-								
(9) TOTAL Monetary Contributions To Date (10) TOTAL Monetary Expenditures To D	ate								
\$, <u></u>									
(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) (Type name) □ Individual (only for IE □ Treasurer □ Deputy Treasurer □ Candidate □ Chairperson (only for PC and the provided set of t									
or electioneering comm.)	<u></u> ,								
x x									
Signature Signature									

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name				(2) I.D. Number			
	7/1/2021	-		/31/2021			
(3) Cover Perio	/ bd	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)				Lana: 1 Manual I		
Sequence Number	Street Address & City, State, Zip Code	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
Number	City, State, Zip Code	туре	Occupation	Туре	Description		Amodini
1 1							
1 1							
/ /	-						
1 1							
1 1	-						
1 1							
1 1							
/ /							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name <u>Inv</u>	CAMPAIGN TREASURER'		D EXPENDIT (2) I.D. Number		2461	
(3) Cover Period	7/1/2021 /through_	7/31/2021	(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	
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES