CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Miami Dade District 2 United	OFFICE USE ONLY ONLINE SUBMISSION								
(2)	Name 929 NE 199th Street; Unit 202	[1315226]								
(4)	Address (number and street)	Submitted on:								
	North Miami Beach, FL 33179	7/5/2024 18:02:36 (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number: 2465								
(4)	Check appropriate box(es):									
	□ Candidate Office Sought:  □ Political Committee (PC) □ Electioneering Communications Org. (ECO) □ Party Executive Committee (PTY) □ Independent Expenditure (IE) (also covers an individual making electioneering communications) □ 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									
	(5) Report	t Identifiers								
	er Period: From 6 / <u>15</u> / <u>2024</u> To	6 / 28 / 2024 Report Type: 24P2								
	riginal Amendment Sp	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$ , , ,000	Monetary								
Loar		Transfers to Office Account \$ , , , 0 . 00								
Tota	I Monetary \$ , , , 000	Total Monetary \$ . 500 . 00								
In-Ki	ind \$,,,000	Total Monetary \$ , , <u>500</u> . <u>00</u>								
		(8) Other Distributions \$ , , 000								
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \_\  \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\									
(T	(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  Treasurer Deputy Treasurer or electioneering comm.)  (Type name)  Candidate Chairperson (only for PC and PTY)									
<u>X</u>		X								
Si	gnature	Signature								

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Miami Dade District 2 United (2) I.D. Number 2465								
	6/15/2024		6	/28/2024				
(3) Cover Perio	od//	through		1 1	(4) Pag	e <sup>1</sup>	of <sup>0</sup>	
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(5)	(7)	(8)		(9)	(10)	(11)	(12)	
Date	Full Name	. ,				X = 2		
(6)	(Last, Suffix, First, Middle)							
Sequence	Street Address &	Contrib	utor	Contribution	In-kind			
Number	City, State, Zip Code		upation	Туре	Description	Amendment	Amount	
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name	Miami	Dade	Distr	ict 2 Unite	ed		 (2) I.D. Nur	nber		2465	3
		6/15/	2024		6/28/2	024		-			
(3) Cover Per	riod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
6/17/2024	Christopher Benjamin Campaign,	donation	MO	Add	\$500.00
1	610 NW 183rd St Suite 204 Miami Gardens, FL 33169				
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DS-DE 14 (Rev.	14/42 \				