CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	South Florida Vision	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	2600 South Douglas Road; Suite 800	Submitted on:					
	Address (number and street)	10/23/2023 13:26:41 (eastern)					
	Coral Gables, FL 33134  City, State, Zip Code						
		(0) 17 1					
	Check here if address has changed	(3) ID Number: 2490					
(4)	Check appropriate box(es):						
	Candidate Office Sought:						
	<ul><li>☒ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	☐ Check here if PC or ECO has disbanded					
	☐ Party Executive Committee (PTY)	☐ Check here if PTY has disbanded					
		☐ Check here if no other IE or EC reports will be filed					
	individual making electioneering communications)						
	(5) Report	t Identifiers					
Cov	er Period: From 7 / 1 / 2023 To	9 / 30 / 2023 Report Type: 23Q3					
		ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
		Monetary					
Casl	h & Checks \$ , , 0 . 00	Expenditures \$ , , 0 . 00					
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to					
	Φ 0.00	Office Account \$ , , , 0 . 00					
Tota	I Monetary \$ , ,000	Total Manatany C					
	ф 0 00	Total Monetary \$ , , 0 . 00					
In-Ki	ind \$,, <u>0</u> . <u>00</u>						
		(8) Other Distributions \$ , , 0.00					
		\$,, <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$	\$					
		tification son to falsify a public record (ss. 839.13, F.S.)					
Lo	•	. , , ,					
10	I certify that I have examined this report and it is true, correct, and complete:						
	ype name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
X		X Signature					
SI	gnature	Signature					

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	South Florida Visi	on			2) I.D. Numb	er	3490
7/1/2023			9/30/2023				
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Pag	ge <u>1</u>	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code		ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
7/12/2023	Management Org. LLC , American Sales & P.O. Box 521305 Miami, FL 33152		facilities services	₃ IN		Delete	\$2,000.0
7/12/2023	Management Org. LLC , American Sales & P.O. Box 521305 Miami, FL 33152	В	facilities services	5 CH		Add	\$2,000.0
l l							
J I							
j j							
1 1							
l l							
1 1							

) Name South	n Florida Vision	(2	PORT – ITEMIZED EXPENDITURES  (2) I.D. Number 2490			
) Cover Period _	7/1/2023 9/ / / through		1) Page <u>1</u>	of	0	
(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)	(11) Amount	
//						
//						
//						
//						
//						
//						
//						
				7. d		