CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) For Our Community	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1283834]						
(2) <u>2600 South Douglas Road; Suite 900</u>	Submitted on:						
Address (number and street) Coral Gables, FL 33134	10/13/2022 14:03:09 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 2506						
(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						
Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed						
individual making electioneering communications)							
(5) Report Identifiers							
Cover Period: From <u>10</u> / <u>1</u> / <u>2022</u> To	0 10 / 7 / 2022 Report Type: 22G4						
	pecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$, , 0 . 00	Expenditures \$, 3,500.00						
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$						
Total Monetary \$, , 0.00	Office Account \$,, 0 . 00						
Total Monetary \$,, 00	Total Monetary \$, 3,500.00						
In-Kind \$,,0.00	, <u>5</u> , <u>500</u> .						
······································	(8) Other Distributions						
	\$,, 00						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>34</u> , <u>500</u> . <u>00</u>	\$,3 , 564 . 58						
(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)	Candidate Chairperson (only for PC and PTY)						
or electioneering comm.)							
X	X						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	For Our Community	(2) I.D. Number					2506	
	10/1/2022			10/7/2022				
(3) Cover Peri	od / /	thro	ough	<i>II</i>	(4) Page	e <u> </u>	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)		(9)	(10)	(11)	(12)	
Sequence	Street Address &	C	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
				3.41.4				
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 For	CAMPAIGN TREASURER'S	() EXPENDIT 2) I.D. Number		2506
(3) Cover Period	10/1/2022 1/through	10/7/2022	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
10/5/2022 1	IN GOVERNMENT, COMMITTEE FOR RESPONSIBILITY 1500 SAN REMO AVENUE, SUITE 24. CORAL GABLES, FL 33146		МО		\$3,500.00
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_ / /					
11					
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