CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	HEEELP KB	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	2600 Douglas Road; Suite 800	Submitted on:							
	Address (number and street)	12/9/2022 12:24:56 (eastern)							
	Coral Gables, FL 33134								
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 2518							
(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)	☐ Check here if PTY has disbanded							
		☐ Check here if no other IE or EC reports will be filed							
	individual making electioneering communications)								
	(5) Report	Identifiers							
Cove	er Period: From 11 / 4 / 2022 To								
		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
		Monetary							
Casl	n & Checks \$, , 0 . 00	Expenditures \$, , _26 . 24							
	0.00								
Loar	s ,, ,, <u>0</u> . <u>00</u>	Transfers to Office Account \$							
	• • • • • • • • • • • • • • • • • • • •	Office Account \$, , , 0 . 00							
Tota	I Monetary \$, , 000	Total Monetary \$, 26 . 24							
	\$ 0.00	Total Monetary \$, , _26 . 24							
In-Ki	find \$	(9) Other Distributions							
		(8) Other Distributions \$, , 0 00_							
		Ψ , , <u> </u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$	\$, <u>6</u> , <u>000</u> . <u>00</u>							
	(44) Com	L::: 4:							
		tification on 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:									
	ype name)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
v									
X Si	gnature	X Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	HEEELP KB				2) I.D. Numbe	er	518
(3) Cover Perio	11/4/2022 od///	thro	ough	1/30/2022	(4) Pag	e <u>1</u>	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8)	(9)	(10)	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Anenument	Amount
1 1							
1 1							
j j							
J I							
1 1							
1 1							
J I							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	HEEELP 1	KB						(2) I.D. Nur	nber	2	2518	
	11	/4/20	22		11/30	/202	2		-			
(3) Cover Pe	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
11/30/2022	Ocean Bank, 780 NW 42nd Avenue	bank service charge	MO		\$26.24
1	Suite 900 Coral Gables, FL 33134				
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DS-DE 14 (Rev.	14/42 \			ex .	W.0