CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Floridians For Progressive Community  Name 396 NW 159 ST	OFFICE USE ONLY ONLINE SUBMISSION [1299344]								
(2)	Address (number and street) Miami, FL 33169 City, State, Zip Code	Submitted on: 9/16/2023 18:01:38 (eastern)								
	Check here if address has changed	(3) ID Number: 2629								
(4)	Check appropriate box(es):	(6) 15 Italiaon								
	☐ 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   ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if no other IE or EC reports will be filed									
(5) Report Identifiers										
		9 / 30 / 2023 Report Type: 23Q3 ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
	n & Checks \$,,,000	Monetary Expenditures \$ , , , 0 . 00								
Loar	<del></del>	Transfers to Office Account \$ , , , 0 . 00								
Total Monetary \$		Total Monetary \$ , , 0 . 00								
In-Ki	nd \$ , , 0 . <u>00</u>	(8) Other Distributions \$ , , 000								
(9)	TOTAL Monetary Contributions To Date \$,22_,20000_	10) TOTAL Monetary Expenditures To Date \$,22_,16408_								
Ιc		tification on to falsify a public record (ss. 839.13, F.S.) ect, and complete:								
	/pe name) Individual (only for IE	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)								
X		X								
Sig	gnature	Signature								

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Floridians For Pro	gressive Comm	nunity (	2) I.D. Numbe	er	2629
	7/1/2023		9/30/2023		1	0
(3) Cover Perio	od//	through	_ 1 1	(4) Pag	je <u> </u>	of 0
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	Contributor	Contribution	In-kind		
Number	City, State, Zip Code	Type Occupation	on Type	Description	Amendment	Amount
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f 1						
1 1						

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name _	Flori	dians	For	Progressive	Communit	ty	(2) I.D. Nun	nber_		2629	200
(3) Cover I	Period _	7/1/2	023	through	9/30/20	)23 /	(4) Page	1	of	0	

(5) Date	(7)	(8)	(9)	(10)	(11)
(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
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