CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Miami-Dade First	OFFICE USE ONLY								
` '	Name	ONLINE SUBMISSION								
(2)	P.O. Box 454351	[1324726]								
	Address (number and street)	Submitted on:								
	Miami, FL 33245	8/12/2024 11:08:46 (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number: 2712								
(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	Identifiers								
Cove	er Period: From 7 / 20_ / 2024 To	7 / <u>26</u> / <u>2024</u> Report Type: <u>24P5</u>								
X O	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	h & Checks \$, , _50 . 00	Monetary Expenditures \$, , , 2 . 30								
Loar	s , , , 0 . <u>00</u>	Transfers to Office Account \$, , , 0 . 00								
Tota	I Monetary \$, , _5000	Total Monetary \$, 2 . 30								
In-Ki	ind \$,,,000									
		(8) Other Distributions \$, , 000_								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$	\$, <u>15</u> , <u>909</u> . <u>70</u>								
_(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 Candidate Chairperson (only for PC and PTY)									
	electioneering comm.)									
X		X								
Si	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Miami-Dade First		(2) I.D. Number						
	7/20/2024		7	/26/2024		sear 1	1		
(3) Cover Peri	od///	thro	ough	<i>l l</i>	(4) Pag	je <u> </u>	of -		
(5)	(7)		(8)	(9)	(10)	(11)	(12)		
Date	Full Name								
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	Co	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
7/20/2024	HERMANTIN, LEONIE 6321 SW 63 TERRACE	1 1	administra	a CA	2 W		\$50.0		
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name!	Miami-I	Dade F	irst				 (2) I.D. Nur	nber	2	2712	
	7	/20/2	024		7/26/20	024		-			
(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
7/20/2024	ANEDOT, 1340 POYDRAS STREET	fees	MO		\$2.30
1	SUITE 1770 NEW ORLEANS, LA 70112				
7					
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