	CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Friends of Miami-Dade College	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	1450 Brickell Ave; Suite 1800	Submitted on:							
	Address (number and street)	10/10/2019 09:59:08 (eastern)							
	Miami, FL 33131  City, State, Zip Code								
		(0) ID N							
	Check here if address has changed	(3) ID Number: 734							
(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	Identifiers							
Cove	er Period: From $9 / 1 / 2019$ To	9 / 30 / 2019 Report Type: 19M09							
X O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Cash	n & Checks \$ , , <u>464</u> . <u>54</u>	Monetary							
Loar	s , , , , 000	Transfers to Office Account \$ , , 0 . 00							
Tota	I Monetary \$ , , <u>464</u> . <u>54</u>	Total Monetary \$ , , 0 . 00							
In-Ki	nd \$ , , 0 . 00								
		(8) Other Distributions							
		\$ , , <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
. ,	\$1, 577, 288. 73	\$ , 489 , 359 . 62							
(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:									
13.1., 1.1. The state of the state of the state, controls, and complete.									
	ype name)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
X	X X								
Sig	gnature	Signature							

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

(1) Name	Friends of Miami-D	ade C	(2) I.D. Number				
	9/1/2019			/30/2019		1	1
(3) Cover Perio	od//	_ thre	ough	11_	(4) Page	<b>-</b>	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount
9/30/2019 / /	Regions Bank, 2800 Ponce de Leon Miami, Fl 33134		bank account	IN			\$464.5
1							
1 1							
J J							
1 1							
1 1							
1 1							
1 1							
J I							
DS-DE 13 (Rev. 11/1:	3 )	SEE RE	EVERSE FOR I	NSTRUCTIONS	S AND CODE VALU	JES	

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name _	e Friends of Miami-Dade College				(2) I.D. Number				734			
(3) Cover F	Period _	9/1/20	)19 /	through_	9/30/2	019 /_		(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
//					
//					
//					
//					
//					
//					
//					
//					