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)	10/8/2021 13:24:06 (eastern)				
	Miami, FL 33131					
	City, State, Zip Code					
	Check here if address has changed	(3) ID Number:734				
(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				
	☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)	☐ Check here if no other IE or EC reports will be filed				
	individual making electioneering communications)					
	(5) Report	Identifiers				
Cove	er Period: From 8 / 1 / 2021 To	8 / 31 / 2021 Report Type: 21M08				
□ 0	riginal Amendment Sp	ecial Election Report				
(6)	Contributions This Report	(7) Expenditures This Report				
Φ 15 15		Monetary Expenditures \$, , 0 . 00				
Casi	h & Checks \$,, <u>17</u> . <u>17</u>	Expenditures \$, , 0 . 00				
Loar	Transfers to					
	s , , , 0 . <u>00</u>	Office Account \$, , 0 . 00				
Tota	I Monetary \$, , 17 . 17					
	·	Total Monetary \$, , 0 . 00				
In-Ki	ind \$, , 0.00					
		(8) Other Distributions				
		\$,,, <u>0</u> . <u>00</u>				
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
(-)	\$ 1,579,473.95	\$, 865 , 418 . 13				
		· / /				
		tification				
	•	on to falsify a public record (ss. 839.13, F.S.)				
Ιc	certify that I have examined this report and it is true, com-	rect, and complete:				
(T	ype name)	(Type name)				
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)				
Х		x				
	gnature	Signature				

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name <u>Friends of Miami-Dade College</u> (2) I.D. Number								
	8/1/2021			/31/2021		1 1		
(3) Cover Peri	od / /	thro	ough	<i>I I</i>	(4) Pag	je <u> </u>	of	
	1					1		
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name							
(6)	(Last, Suffix, First, Middle)							
Sequence	Street Address &		ontributor	Contribution	In-kind	. X . (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	•	
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount	
8/31/2021	Regions Bank, B Mary Brickell Village		commercial bank	. CA		Add	\$17.1	
<i>I I</i>	901 S. Miami Ave. Suite 210		Dank					
1	Miami, FL 33130							
1								
I = I								
1 1								
VV 504								
1 1								
<i>I I</i>	1							
1								
1 1	_							
,								
1 1	_							
		-			*			
1 1								
1 1								

) Name Frien	ds of Miami-Dade College	(2	PORT – ITEMIZED EXPENDIT (2) I.D. Number		
3) Cover Period _	8/1/2021 8/ / / through	_//(4	4) Page <u>1</u>	of	0
(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)	(11)
//					
//					
//					
//					
//					
//					
//					
				5 C	