

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Friends of Miami-Dade College  
 Name  
 (2) 1450 Brickell Ave; Suite 1800  
 Address (number and street)  
Miami, FL 33131  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1291814]  
 Submitted on:  
 2/3/2023 10:46:16 (eastern)

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

### (5) Report Identifiers

Cover Period: From 1 / 1 / 2023 To 1 / 31 / 2023 Report Type: 23M01  
 Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 8 . 42  
 Loans \$        ,        , 0 . 00  
 Total Monetary \$        ,        , 8 . 42  
 In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , 0 . 00  
 Transfers to Office Account \$        ,        , 0 . 00  
 Total Monetary \$        ,        , 0 . 00

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$   1   ,  579  ,  631  .  60 

**(10) TOTAL Monetary Expenditures To Date**  
 \$   1   ,  090  ,  263  .  31 

### (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 or electioneering comm.)  Treasurer  Deputy Treasurer  
**X** \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)  
**X** \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Friends of Miami-Dade College (2) I.D. Number 734

1/1/2023 1/31/2023

(3) Cover Period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
1/31/2023 / /	Regions Bank, 901 S. Miami Ave., Suite 210 Miami, FL 33130	B	commercial bank	IN			\$8.42
1							
/ /							
/ /							
/ /							
/ /							
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/ /							
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Friends of Miami-Dade College

(2) I.D. Number 734

(3) Cover Period 1/1/2023 through 1/31/2023

(4) Page 1 of 0

(5) Date	(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) Amendment	(11) Amount
(6) Sequence Number					
/ /					
/ /					
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