| CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | | | | |
|-------------------------------------|--|---|--|--|--|--|--|--|--|
| (1) | Eileen Higgins | OFFICE USE ONLY | | | | | | | |
| | Name | ONLINE SUBMISSION | | | | | | | |
| (2) | 1742 West Flagler Street | Submitted on: | | | | | | | |
| | Address (number and street) Miami, FL 33135 | 1/27/2021 15:15:00 (eastern) | | | | | | | |
| | City, State, Zip Code | | | | | | | | |
| | ☐ Check here if address has changed | (3) ID Number: 2232 | | | | | | | |
| (4) | Check appropriate box(es): | | | | | | | | |
| | ☑ Candidate Office Sought: County Commission District 05 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ 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 | | | | | | | |
| Cove | er Period: From 7 / 18 / 2020 To | | | | | | | | |
| 0 | riginal Amendment Spo | ecial Election Report | | | | | | | |
| (6) | Contributions This Report | (7) Expenditures This Report | | | | | | | |
| Casl | Cash & Checks \$, , 0 . 00 Monetary Expenditures \$, , , 09 | | | | | | | | |
| Loar | | Transfers to Office Account \$, , , 0 . 00 | | | | | | | |
| | I Monetary \$,, | Total Monetary \$, , , 09 | | | | | | | |
| In-Ki | nd \$,,, <u>0</u> . <u>00</u> | | | | | | | | |
| | | (8) Other Distributions \$, , <u>0</u> 00 | | | | | | | |
| (9) | (9) TOTAL Monetary Contributions To Date \$ | | | | | | | | |
| <u>(T</u> | (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 | | | | | | | | |
| X Si | gnature | X Signature | | | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

| (1) Name | Eileen Higgins | | | | 2) I.D. Numbe | er | 232 |
|--------------------|---|------------|--------------------------|----------------------|------------------------|-------------|--------|
| (3) Cover Perio | 7/18/2020 od / / | thro | 7 ough | /24/2020 // | (4) Pag | je <u>1</u> | of |
| (5) Date (6) | (7) Full Name (Last, Suffix, First, Middle) | | (8) | (9) | (10) | (11) | (12) |
| Sequence Number | Street Address & City, State, Zip Code | Co Type | ontributor Occupation | Contribution Type | In-kind Description | Amendment | Amount |
| J I | | | | | • | | |
| 1 1 | | | | | | | |
| 1 1 | | | | | | | |
| I I | | | | | | | |
| I I | | | | | | | |
| I I | | | | | | | |
| f t | | | | | | | |
| 1 1 | | | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

| (1) Name Eile | en Hi | lggin | S | | | | (2) I.D. Nun | nber | | 2232 | 300 |
|------------------|-------|-------|-----|---------|---------|-----|------------------|------|----|------|-----|
| | 7/ | 18/20 |)20 | | 7/24/20 | 020 | | | | | - |
| (3) Cover Period | 1 | 1 | 1 | through | 1 | 1 | (4) Page | 1 | of | 1 | |

| (5) | (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 |
| 7/24/2020 | Zoom , 55 Almaden Blvd San Jose, CA 95113 | communications | МО | Delete | \$16.99 |
| 1 | | | | | |
| 7/24/2020 | Zoom , 55 Almaden Blvd San Jose, CA 95113 | communications | МО | Add | \$16.90 |
| 2 | | | | | |
| // | | | | | |
| | | | | | |
| // | | | | | |
| | | | | | |
| // | | | | | |
| | | | | | |
| // | | | | | |
| | | | | | |
| 11 | | | | | |
| | | | | | |
| // | | | | | |
| | | | | | |
| DS-DE 14 (Rev. | 4440 1 | | | | |