CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Betty Capote-Erben	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	1351 NW 12 Street; Suite 507	Submitted on:							
	Address (number and street) Miami, FL 33125	7/21/2020 08:25:03 (eastern)							
	City, State, Zip Code								
	☐ Check here if address has changed	(3) ID Number: 2252							
(4)	Check appropriate box(es):								
	☐ Candidate Office Sought: County Court Judge Group 30 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed								
	(5) Report	dentifiers							
Cove	er Period: From $11 / 1 / 2019$ To								
	riginal 🖾 Amendment 🗌 Spr	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$, , ,000	Monetary							
Loar		Transfers to Office Account \$, , , 0 . 00							
Tota	I Monetary \$, , , 000	Total Monetary \$, , _18 . 00							
In-Ki	ind \$, , ,0 . <u>00</u>								
		(8) Other Distributions \$, , <u>0</u> 00							
(9)	(9) TOTAL Monetary Contributions To Date \$, _103_, _32500								
(T	· · · · · · · · · · · · · · · · · · ·	rect, and complete: (Type name) Candidate Chairperson (only for PC and PTY)							
<u>X</u>		X							
Si	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Betty Capote-Erben		(2) I.D. Numbe	er	252
(3) Cover Perio	11/1/2019 od / /	through _	11/30/2019 ///	(4) Pag	је <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	Contribute Type Occup	00 NO. 100 NO.	In-kind Description	Amendment	Amount
J I						
1 1						
1 1						
J. I						
J I						
J I						
1 1						
/ /						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Betty	Capote-E	rben				 (2) I.D. Nun	nber	2	252	
		11/1/20	19		11/30/2	2019					
(3) Cover Po	eriod	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
11/10/2019	Pay pal, 22100 North 1 st Street San Jose, Ca 95131	processing fee	МО	Add	\$14.80
1			Ÿ	ė.	ų.
11/19/2019	pal, Pay 22100 North 1 st Street San Jose, Ca 95131	processing fee	MO	Add	\$3.20
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DS-DE 14 (Rev.					