

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ludmilla Domond  
 Name  
 (2) PO Box 630144  
 Address (number and street)  
Miami, FL 33163  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1200660]  
 Submitted on:  
 3/3/2020 12:30:26 (eastern)

Check here if address has changed

(3) ID Number: 2320

(4) Check appropriate box(es):

- Candidate Office Sought: Mayor
- 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 / 2020 To 1 / 31 / 2020 Report Type: 20M01

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , -900.00

Loans \$        ,        , 900.00

Total Monetary \$        ,        , 0.00

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

\$        ,        , 900.00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 546.88

### (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 Ludmilla Domond (2) I.D. Number 2320  
 1/1/2020 through 1/31/2020  
 (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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
1/9/2020 / /	DOMOND, LUDMILLA 871 NE 195 STREET, APT. #205 MIAMI, FL 33179	S		CH		Delete	\$100.00
1							
1/9/2020 / /	DOMOND, LUDMILLA 871 NE 195 STREET, APT. #205 MIAMI, FL 33179	S		LO		Add	\$100.00
2							
1/17/2020 / /	DOMOND, LUDMILLA P.O. BOX 630144 MIAMI, FL 33163	S	retail salesperso n	CA		Delete	\$800.00
3							
1/17/2020 / /	DOMOND, LUDMILLA P.O. BOX 630144 MIAMI, FL 33163	S	retail salesperso n	LO		Add	\$800.00
4							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Ludmilla Domond

(2) I.D. Number 2320

(3) Cover Period 1/1/2020 through 1/31/2020

(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					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					