	CAMPAIGN TREASURE	R'S REPORT SUMMARY								
(1)	Ludmilla Domond	OFFICE USE ONLY ONLINE SUBMISSION								
(2)	Name PO Box 630144	[1239374]								
(2)		Submitted on:								
	Address (number and street)	11/16/2020 13:50:25 (eastern)								
	Miami, FL 33163 City, State, Zip Code									
	☐ Check here if address has changed	(3) ID Number: 2320								
(1)		(4)								
(4)	Check appropriate box(es):									
	X Candidate Office Sought: Mayor☐ Political Committee (PC)									
		☐ Check here if PC or ECO has disbanded								
	☐ Party Executive Committee (PTY)	Check here if PTY has disbanded								
		☐ Check here if no other IE or EC reports will be filed								
	individual making electioneering communications)									
	(5) Report	Identifiers								
Cove	er Period: From 7 / 25 / 2020 To									
		ecial Election Report								
		T								
(6)	Contributions This Report	(7) Expenditures This Report								
~ !	¢ 650 00	Monetary Expenditures \$, , 0 . 00								
Casi	h & Checks \$, , <u>650</u> . <u>00</u>	Expenditures \$, , 0 . 00								
Loar	ns \$, , 0.00	Transfers to								
Luai	, , , , , , , , , , , , , , , , , , , ,	Office Account \$, , , 0 . 00								
Tota	al Monetary \$, , 650 . 00	,,,								
TULA	i Worletary ,, ,,	Total Monetary \$, , 0 . 00								
In Ki	ind \$, , 0.00	,, <u>,</u>								
In-Ki	ind Ψ , ,	(O) Other Dietaihtiene								
		(8) Other Distributions \$, , 0.00								
		\$,, <u>0</u> . <u>00</u>								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$	\$,2, _63018_								
	(11) Cert									
	It is a first degree misdemeanor for any person	• • • • • • •								
Ιc	I certify that I have examined this report and it is true, correct, and complete:									
(T	ype name)	(Type name)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
or	electioneering comm.)									
Х		×								
	ignature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Ludn	nilla Don	nond				2320			
	7/25/20	20		7/31/	2020				
(3) Cover Period	1	1	throuah	1	1	(4) Page	1	of $\frac{1}{}$	

(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Contributor		(9) Contribution	(10) In-kind	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
7/30/2020	FRANCOIS, EXAVIER 20235 NE 13TH COURT MIAMI, FL 33179	Ī		СН	=	Add	\$100.0
7/30/2020 / / /	JOSEPH, KETSIA 11403 NW 30STREET CORAL SPRINGS, FL 33065	I	pharmacist	CH		Add	\$200.0
7/30/2020	JOSEPH, EVELYN 11403 NW 30STREET CORAL SPRINGS, FL 33065	I	minister	СН		Add	\$150.0
7/30/2020	DOMOND, FAVARD 12010 NE 12 COURT NORTH MIAMI, FL 33161	I		CA		Add	\$50.0
7/30/2020 / /	DOMOND, RUTH 12010 NE 12 COURT NORTH MIAMI, FL 33161	I		CA		Add	\$50.0
7/30/2020	DOMOND, EXANA 12010 NE 12 COURT NORTH MIAMI, FL 33161	I		CA		Add	\$50.0
7/30/2020 / / /	COLINET, VICTORIA 1640 NE 147 STREET NORTH MIAMI , FL 33161	I		CA		Add	\$50.0
1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	Ludmilla Domond						(2) I.D. Number			2320	
(3) Cover P	eriod _	7/25/2 <u>/</u>	020	7/32 through	L/2020 //	(4	4) Page	1	of	0	
	T		r	71	(0)		(0)	T	(40)	(44)	

(5) Date	(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
//					
//					
//					
//					
//					
//					
//					
//					