	CAMPAIGN TREASURE	R'S REPORT SUMMARY				
(1)	Rubin Young	OFFICE USE ONLY				
	Name	ONLINE SUBMISSION				
(2)	1398 SW 1 St; #806	Submitted on:				
	Address (number and street)	3/4/2021 20:25:40 (eastern)				
	Miami, FL 33135					
	City, State, Zip Code	(0) ID N				
	Check here if address has changed	(3) ID Number: 2350				
(4)	Check appropriate box(es):					
	☐ Candidate Office Sought: Clerk of the	Circuit Court				
	<ul><li>☐ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	Check here if PC or ECO has disbanded				
		☐ 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 $\frac{7}{2}$ / $\frac{25}{2020}$ / $\frac{2020}{2020}$ To	7 / 31 / 2020 Report Type: 20P6				
	original Amendment Spe	ecial Election Report				
(6)	Contributions This Report	(7) Expenditures This Report				
		Monetary				
Casl	h & Checks \$ , , 45 . 00	Expenditures \$ , , 0 . 00				
	Φ 0.00					
Loar	ns \$,, <u>0</u> .00	Transfers to Office Account \$				
T-4-	\$ 45.00	Office Account \$ , , , 0 . 00				
rota	I Monetary \$ , , , 5 00	Total Monetary \$ . 0 . 00				
In-Ki	ind \$ , , 0.00	Total Monetary \$ , , 0 . 00				
III-KI	ma , ,	(8) Other Distributions				
		(8) Other Distributions \$ , 000_				
		, <u> </u>				
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
	\$	\$, <u>18</u> , <u>307</u> . <u>37</u>				
	(44) Cont	ifi a a 4 i a 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:						
	ype name)	(Type name)				
	Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)				
v		V				
X Si	gnature	X Signature				
ال	griature	Oignature				

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	Rubin Young			(2) I.D. Number				
	7/25/2020		7	/31/2020				
(3) Cover Perio	od//	thro	ough	11_	(4) Page	1	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence Number	Street Address & City, State, Zip Code	100000	ontributor Occupation	Contribution	In-kind Description	Amendment	Amount	
Number	Constant Contact,		self	Type RE	<del></del>	dd	\$45.0	
7/29/2020	1601 Trapelo Road		employed		perform		,	
1	Waltham, Ma 02451				service refunded			
f 1								
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ī I								
1 1								
1 1								
1 1								
DS-DE 13 (Rev. 11/1	3)	SEE RE	VERSE FOR	NSTRUCTIONS	S AND CODE VALU	JES		

## **CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Rubi		TREASURER S RI		(2) I.D. Number		2350	
(3) Cover Period	7/25/202 d/	0 7/3 / through	1/2020	(4) Page1	of	0	
(5)		(7)	(8)	(9)	(10)	(11)	

(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
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