	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Alethia Emily Hinds	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	1375 NE 146 Street	Submitted on:						
	Address (number and street)	12/3/2020 14:36:08 (eastern)						
	Miami, FL 33161 City, State, Zip Code							
	☐ Check here if address has changed	(3) ID Number: 2394						
/ A\		(3) ID Number: 2394						
(4)	Check appropriate box(es):  X Candidate Office Sought: Community County	nail Area/Subarea 08/82						
	<ul><li></li></ul>	MCII Area/Subarea 00/02						
		☐ Check here if PC or ECO has disbanded						
		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						
	marriage of social control of the co							
	(5) Report	dentifiers						
Cov	er Period: From $\underline{6}$ / $\underline{1}$ / $\underline{2020}$ To	6 / 12 / 2020 Report Type: 20P1						
	Original	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
	1	Monetary						
Casl	h & Checks \$ , , 0 . 00	Expenditures \$ , , 100 . 00						
400	100 00							
Loar	ns \$, <u>100</u> .00	Transfers to Office Account \$						
	<b>o</b> 100 00	Office Account \$ , , , 0 . 00						
Tota	al Monetary \$ , , <u>100</u> . <u>00</u>	Total Manatany & 100 00						
	· · · • · · · · · · · · · · · · · · · ·	Total Monetary \$ , , 100 . 00						
In-Ki	find \$,,,							
		(8) Other Distributions						
		\$ , , <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
VI540	\$,, <u>100</u> . <u>00</u>	\$,, <u>100</u> . <u>00</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:								
_(T	ype name)	(Type name)						
	Individual (only for IE  Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		X						
	ignature	Signature						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Alethia Emily Hinds				2) I.D. Numbe	er	394	
	6/1/2020 od///		6	/12/2020	(4) Paç	je <u>1</u>	of	
(5) Date (6) Sequence Number	(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)	(12)	
6/8/2020	Hinds, Alethia Emily 1375 NE 146 Street Miami, FL 33161	S		LO		Add	\$100.0	
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name	Alethia	Emily	Hinds				 (2) I.D. Nun	nber	2	2394	
	6	/1/20:	20		6/12/2	020	-	-			
(3) Cover Po	eriod	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
6/8/2020	Miami Dade Elections Departmen,	qualifying fee	MO	Add	\$100.00
1	2700 NW 87th Ave Miami, FL 33172				
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DS-DE 14 (Rev.	44/42 \			· ·	