

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Dennis C. Moss  
 Name  
 (2) 17125 SW 109 Court  
 Address (number and street)  
Miami, FL 33157  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1231661]

Submitted on:  
 9/22/2020 12:16:13 (eastern)

Check here if address has changed (3) ID Number: 2421

(4) Check appropriate box(es):

Candidate Office Sought: School Board District 09

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 8 / 29 / 2020 To 9 / 11 / 2020 Report Type: 20G2

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 0 . 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**  
 \$        , 164 , 850 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 144 , 215 . 85

### (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 Dennis C. Moss (2) I.D. Number 2421

8/29/2020 through 9/11/2020

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (4) Page 1 of 0

(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
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Dennis C. Moss

(2) I.D. Number 2421

(3) Cover Period 8/29/2020 through 9/11/2020

(4) Page 1 of 1

(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					
9/8/2020 / /	City Works Group LLC, 782 NW 42 Avenue Suite 429 Miami, FL 33126	refund of over limit contribution in primary seq. #36 20p7	MO	Delete	\$500.00
1					
9/8/2020 / /	City Works Group LLC, 782 NW 42 Avenue Suite 429 Miami, FL 33126	refund of over limit contribution in primary seq. #36 20p7	RE	Add	\$500.00
2					
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