CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Christopher Leon	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	7420 SW 107th Ave; Apt. 7109	Submitted on:						
	Address (number and street)	7/19/2019 18:50:04 (eastern)						
	Miami, FL 33173 City, State, Zip Code							
	Check here if address has changed	(3) ID Number: 2204						
(4)	Check appropriate box(es):							
	 ☐ Candidate Office Sought: County Commission District 10 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ 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	dentifiers						
Cove		10 / 16 / 2019 Report Type: 19TRF						
X O	riginal Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Cash	n & Checks \$, , 000	Monetary						
Loar		Transfers to Office Account \$, , , 0 . 00						
Tota	I Monetary \$, , , 000	Total Monetary \$, , 4 . 51						
In-Ki	nd \$,,							
		(8) Other Distributions \$, , 000_						
(9)	(9) TOTAL Monetary Contributions To Date \$\\ __ __ __ _\\\\\\\\\\\\\							
(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								
X	gnature	X Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Christopher Leon			(2) I.D. Number 2204				
	7/18/2019		1	0/16/2019		-	0	
(3) Cover Pe	riod / /	thro	ough	<i>ll</i>	(4) Page	<u> </u>	of	
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Christ	topher L	eon				(2) I.D. Nur	nber		2204	
	7/18/2	019		10/16/2	2019		-			
(3) Cover Period	I	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
7/19/2019	Leon, Christopher 7420 SW 107TH AVE	contribution refund	RE		\$4.51
1	Apt 7109 Miami, FL 33173				
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DS-DE 14 (Rev.	14/42 })		