CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Zico Fremont	OFFICE USE ONLY							
(2)	Name 180 NW 49 Street	ONLINE SUBMISSION [1250837]							
(2)	Address (number and street)	Submitted on:							
	Miami, FL 33127	10/30/2021 12:56:28 (eastern)							
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:57							
(4)	Check appropriate box(es):								
	☐ Candidate Office Sought: Commissioner	District 5							
	Political Committee (PC)	Check here if PC or ECO has disbanded							
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY)	☐ Check here if PTY has disbanded							
	☐ Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed							
	individual making electioneering communications)								
(5) Report Identifiers									
Cove	er Period: From $\frac{6}{1}$ / $\frac{1}{2021}$ To	6 / 30 / 2021 Report Type: M06							
o [riginal 🖾 Amendment 🔲 Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
		Monetary							
Cash	n & Checks \$, , ,2 . <u>05</u>	Expenditures \$, , 0 . 00							
Loar	ns \$, , 0.00	Transfers to							
Loai	, , ,	Office Account \$, , 0 . 00							
Tota	I Monetary \$, , −2 . 05								
		Total Monetary \$, , 0 . <u>00</u>							
In-Ki	nd \$,, <u>0</u> . <u>00</u>								
		(8) Other Distributions							
		\$,, <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>9</u> , <u>983</u> . <u>12</u>	\$, <u>9</u> , <u>705</u> . <u>19</u>							
	(11) Cert	ification							
	It is a first degree misdemeanor for any pers								
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)							
Х		X							
	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Zico Fremont				(2) I.D. Number				
	6/1/2021	_		6/30/	2021				
(3) Cover Period	T	1	through	1	1	(4) Page	1	of ¹	L

(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
6/2/2021	Smart, Barbara 3750 Inverrary Drive Lauderhill, FL 33319	I	Goodpadon	СН	Весоправл	Delete	\$0.8
6/2/2021	Smart, Barbara 3750 Inverrary Drive Lauderhill, FL 33319	I		СН		Add	\$0.0
6/23/2021 / /	Colas, Melodie P.O. BOX 5704442 Houston, TX 77257	I	tech support	СН		Delete	\$1.1
6/23/2021	Colas, Melodie P.O. BOX 5704442 Houston, TX 77257	I	tech support	СН		Add	\$0.0
1 1							
f I							
1 1							

(1) Name <u>Zico</u>	URES	57			
	6/1/2021 6/3	30/2021			
(3) Cover Period	/through	_/(4	4) Page <u>1</u>	or	0
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
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