

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joe Carollo
 Name

(2) Confidential Per F.S. 119.07
 Address (number and street)
Miami, FL
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1250935]

Submitted on:
 11/2/2021 10:15:47 (eastern)

Check here if address has changed (3) ID Number: 62

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner District 3

Political Committee (PC) Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO) Check here if PTY has disbanded

Party Executive Committee (PTY) Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

(5) Report Identifiers

Cover Period: From 9 / 1 / 2021 To 10 / 1 / 2021 Report Type: G01

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 \$, , 722 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 722 . 00

(8) Other Distributions
 \$, , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$, 565 , 150 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, 495 , 405 . 77

(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 Joe Carollo (2) I.D. Number 62

(3) Cover Period 9/1/2021 through 10/1/2021 (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 Joe Carollo

(2) I.D. Number 62

(3) Cover Period 9/1/2021 through 10/1/2021

(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					
9/17/2021 / /	, City of Miami 3500 Pan American Dr Miami, FL 33133	fees	MO	Add	\$682.00
1					
9/30/2021 / /	, City National Bank of FL 2855 S Le Jeune Rd Coral Gables, FL 33134	bank fees	MO	Add	\$40.00
2					
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