CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Marie Frantz Exantus (formerly Exantus						
<b>/</b> 0\	Name	ONLINE SUBMISSION [1255632]					
(2)	Address (number and street)	Submitted on:					
	Address (number and street) Miami, FL 33138	2/17/2022 14:29:59 (eastern)					
	City, State, Zip Code	<del></del>					
	☐ Check here if address has changed	(3) ID Number: 70					
(4)	Check appropriate box(es):						
	☐ Candidate Office Sought: Mayor						
	Political Committee (PC)						
	<ul><li>☐ Electioneering Communications Org. (ECO)</li><li>☐ Party Executive Committee (PTY)</li></ul>	☐ Check here if PC or ECO has disbanded ☐ 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		10 / 28 / 2021 Report Type: G03					
		ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
Casl	n & Checks \$,,,	Monetary					
Loans \$,,,000		Transfers to Office Account \$ , , 0 . 00					
Total Monetary \$ , , 000		Total Monetary \$ , , 0 . 00					
In-Ki	nd \$ , , 0.00	, , ,					
		(8) Other Distributions					
		\$,, <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$, <u>1</u> , <u>659</u> . <u>00</u>	\$, <u>1</u> , <u>047</u> . <u>00</u>					
	(44) 0						
	(11) Cern It is a first degree misdemeanor for any pers	ification on to falsify a public record (ss. 839.13, F.S.)					
Ιc	ertify that I have examined this report and it is true, corr	ect, 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

	10/16/2021		10/28/2021					
(3) Cover Period		througl	n	<i>II</i>	(4) Pag	je <u>1</u>	of	
(5) Date (6) (L	(7) Full Name .ast, Suffix, First, Middle)	8)	9)	(9)	(10)	(11)	(12)	
Sequence Number	Street Address & City, State, Zip Code	Contri	butor ccupation	Contribution Type	In-kind Description	Amendment	Amoun	
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) Cover Period	10/16/2021 1 / / through	0/28/2021	2) I.D. Numbe 4) Page1		0
(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
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DS-DE 14 (Rev. 11/13 ) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES								
	11/13 ) SEE REVERSE FOR INS	11/13 ) SEE REVERSE FOR INSTRUCTIONS AND CODE	11/13 ) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES	11/13 )  SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES				