CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	James Torres	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	500 NW 2nd Ave #10245	Submitted on:						
	Address (number and street)	6/12/2023 13:53:34 (eastern)						
	Miami, FL 33101 City, State, Zip Code							
		(2) ID Number						
(4)	Check here if address has changed	(3) ID Number:86						
(4)	Check appropriate box(es):	District 2						
	☐ Candidate Office Sought: Commissioner☐ Political Committee (PC)	DISCIPLE Z						
	☐ 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) Repor	t Identifiers						
Cove	er Period: From <u>2</u> / <u>23</u> / <u>202</u> 3 To	5 / 30 / 2023 Report Type:TR						
0	riginal 🖺 Amendment 🔲 Sp	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Casł	n & Checks \$, , 0 . 00	Monetary						
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$, , 0 . 00						
	I Monetary \$,,	Total Monetary \$,1 , <u>793</u> . <u>72</u>						
In-Ki	nd \$, , <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>53</u> , <u>021</u> . <u>28</u>	\$, <u>56</u> , <u>608</u> . <u>72</u>						
(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) (Type name)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		x						
	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name (2) I.D. Number 86							
(3) Cover Perio	2/23/2023 od///	thro	ough	/30/2023	(4) Pag	e <u>1</u>	of
(5) Date (6) Sequence Number	(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)	(12) Amount
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	James	Torres					 (2) I.D. Nur	nber	8	36	
		2/23/2	2023		5/30/2	023	~ ~				
(3) Cover Po	eriod	1	1	through	1	1	(4) Page	1	of	1	

(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
4/29/2023	Lopez, Reina 17613 SW 155th Court Miami, FL 33187	refund of donation	RE	Add	\$896.86
1				ı c	ė.
4/29/2023	Hernandez, Javier Jose 12200 SW 91st Terrace 701 Miami, Fl 33186	refund of donation	RE	Add	\$896.86
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