| CAMPAIGN TREASURER'S REPORT SUMMARY |  |   |  |  |  |  |  |  |  |
|-------------------------------------|--|---|--|--|--|--|--|--|--|
| (1)                                 | MELYSSA SUEIRO   | OFFICE USE ONLY                             |  |  |  |  |  |  |  |
|                                     | Name   | ONLINE SUBMISSION [1236585]                 |  |  |  |  |  |  |  |
| (2)                                 | 7971 SW 185 ST   | Submitted on:                               |  |  |  |  |  |  |  |
|                                     | Address (number and street) CUTLER BAY, FL 33157   | 10/28/2020 10:20:10 (eastern)               |  |  |  |  |  |  |  |
|                                     | City, State, Zip Code  |   |  |  |  |  |  |  |  |
|                                     | Check here if address has changed  | (3) ID Number: 12                           |  |  |  |  |  |  |  |
| (4)                                 | Check appropriate box(es):   |   |  |  |  |  |  |  |  |
|                                     | <ul> <li>☐ Candidate Office Sought: Council Member Seat 2</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Check here if PC or ECO has disbanded</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> </ul> |   |  |  |  |  |  |  |  |
|                                     | (5) Report   | Identifiers                                 |  |  |  |  |  |  |  |
| Cove                                | er Period: From 10 / 23 / 2020 To  | 10 / 29 / 2020 Report Type: G3              |  |  |  |  |  |  |  |
| X O                                 | riginal Amendment Spo  | ecial Election Report                       |  |  |  |  |  |  |  |
| (6)                                 | Contributions This Report  | (7) Expenditures This Report                |  |  |  |  |  |  |  |
| Casl                                | n & Checks \$ , , ,000   | Monetary                                    |  |  |  |  |  |  |  |
| Loar                                |  | Transfers to Office Account \$ , , , 0 . 00 |  |  |  |  |  |  |  |
| Tota                                | I Monetary \$ , , , 000  | Total Monetary \$ , , _18 . 00              |  |  |  |  |  |  |  |
| In-Ki                               | ind \$ , , 0 . <u>00</u>   |   |  |  |  |  |  |  |  |
|                                     |  | (8) Other Distributions \$ , , 000_         |  |  |  |  |  |  |  |
| (9)                                 | (9) TOTAL Monetary Contributions To Date \$  |   |  |  |  |  |  |  |  |
| (T                                  | (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    Deputy Treasurer   |   |  |  |  |  |  |  |  |
|                                     | gnature  | X<br>Signature                              |  |  |  |  |  |  |  |

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

| (1) Name        | MELYSSA SUEIRO                |      |            |              | 2) I.D. Numbe | r1         | 2      |
|-----------------|-------------------------------|------|------------|--------------|---------------|------------|--------|
|                 | 10/23/2020                    |      | 1          | 0/29/2020    |               |            |        |
| (3) Cover Perio | od / /                        | thro | ough       | <i>I I</i>   | (4) Page      | a <u>1</u> | of     |
| (5)             | (7)                           |      | (8)        | (9)          | (10)          | (11)       | (12)   |
| Date            | Full Name                     |      | X 7        |              |               | (C) (Z)    |        |
| (6)             | (Last, Suffix, First, Middle) |      |            |              |               |            |        |
| Sequence        | Street Address &              |      | ontributor | Contribution | In-kind       |            | •      |
| Number          | City, State, Zip Code         | Туре | Occupation | Туре         | Description   | Amendment  | Amount |
|                 |                               |      |            |              |               |            |        |
| 1 1             |                               |      |            |              |               |            |        |
|                 |                               |      |            |              |               |            |        |
|                 |                               |      |            |              |               |            |        |
|                 |                               |      |            |              |               | *          |        |
| F 31            |                               |      |            |              |               |            |        |
| 1 1             |                               |      |            |              |               |            |        |
|                 |                               |      |            |              |               |            |        |
|                 |                               |      |            |              |               |            |        |
|                 |                               |      |            |              |               |            |        |
| 1 1             |                               |      |            |              |               |            |        |
|                 |                               |      |            |              |               |            |        |
|                 |                               |      |            |              |               |            |        |
|                 |                               |      |            |              |               |            |        |
|                 |                               |      |            |              |               |            |        |
| 1 1             |                               |      |            |              |               |            |        |
|                 |                               |      |            |              |               |            |        |
|                 |                               |      |            |              |               |            |        |
|                 |                               |      |            |              |               |            |        |
| n n             |                               |      |            |              |               |            |        |
| 1 1             |                               |      |            |              |               |            |        |
|                 |                               |      |            |              |               |            |        |
|                 |                               |      |            |              |               |            |        |
|                 |                               |      |            |              |               |            |        |
| I I             |                               |      |            |              |               |            |        |
|                 |                               |      |            |              |               |            |        |
|                 |                               |      |            |              |               |            |        |
|                 |                               |      |            |              |               |            |        |
|                 |                               |      |            |              |               |            |        |
| 1 1             |                               |      |            |              |               |            |        |
|                 |                               |      |            |              |               |            |        |
|                 |                               |      |            |              |               |            |        |
|                 |                               |      | *          |              |               |            |        |
| ,               |                               |      |            |              |               |            |        |
| 1 1             |                               |      |            |              |               |            |        |
|                 |                               |      |            |              |               |            |        |
|                 |                               |      |            |              |               |            |        |

DS-DE 13 (Rev. 11/13 ) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

| (1) Name MELYS   | MELYSSA SUEIRO |      |         |         |      | (2) I.D. Nun                          | nber | 12 |   |  |
|------------------|----------------|------|---------|---------|------|---------------------------------------|------|----|---|--|
|                  | 10/23/         | 2020 |         | 10/29/2 | 2020 | · · · · · · · · · · · · · · · · · · · | -    |    |   |  |
| (3) Cover Period | 1              | 1    | through | 1       | 1    | (4) Page                              | 1    | of | 1 |  |

| (5)                      | (7)   | (8)   | (9)                 | (10)      | (11)    |
|--------------------------|---|---|---------------------|-----------|---------|
| Date (6) Sequence Number | Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | Purpose<br>(add office sought if<br>contribution to a<br>candidate) | Expenditure<br>Type | Amendment | Amount  |
| 10/26/2020               | Wix,<br>500 Terry A Francois Blvd   | website   | MO                  |           | \$18.00 |
| 1                        | F16<br>San Francisco, CA 94158  |   |                     |           |         |
| //                       |   |   |                     |           |         |
| //                       |   |   |                     |           |         |
| //                       |   |   |                     |           |         |
| //                       |   |   |                     |           |         |
| //                       |   |   |                     |           |         |
| //                       |   |   |                     |           |         |
| //                       |   |   |                     |           |         |
| DS-DE 14 (Rev.           | 11/13 \   |   |                     |           |         |