CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Erick Puma	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1209545]						
(2) 4001 Santa Maria Drive; Building 45, 2	Apt. 107 Submitted on:						
Address (number and street) Kissimmee, FL 34741	6/10/2020 01:14:39 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 365						
(4) Check appropriate box(es):							
(+) Candidate Office Sought: Kissimmee City Commission Seat 5 Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if PTY has disbanded Check here if no other IE or EC reports will be filed 							
(5) Report Identifiers							
Cover Period: From <u>5</u> / <u>1</u> / <u>2020</u> To	5 / <u>31</u> / <u>2020</u> Report Type: <u>M5</u>						
☐ Original	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$, , , 0 . 00	Monetary Expenditures \$, , _10 . 00						
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$						
Total Monetary \$	Total Monetary \$, , <u>10</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>20</u> , <u>045</u> . <u>00</u>	\$,, _170.48						
(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 Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
x	x						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name <u>Erick Puma</u> (2) I.D. Number 3					65		
	5/1/2020	5/31/2020					
(3) Cover Perio	od/ /	thro	ough	1 1	(4) Pag	e 1	of ⁰
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(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	Co	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1							
1 1							
	-						
1 1							
	-						
						-	
1 1							
	-						
1 1	-						
1 1	-						
1 1	-						
1 1	-						

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Eric	CAMPAIGN TREASURER'	(2) EXPENDIT 2) I.D. Number	365	
(3) Cover Period	5/1/2020 <i>I/</i> through_	5/31/2020 //	4) Page <u>1</u>	of	1
(5) Date (6) Sequence Number	(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
	TD Bank, 2035 Limestone Road Wilmington, DE 19808	bank fees	МО		\$10.00
_/ /					
_/ /					
_/ /					
//					
11					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES