CAMPAIGN TREASURER'S REPORT SUMMARY								
Name 712 W. Columbia Address (number Kissimmee, FL City, State, Zip Co Check here if a (4) Check appropriate Candidate Political Commit Electioneering Co Party Executive Independent Exp	ia Avenue and street) 34741 ode address has changed e box(es): Office Sought: Kissimmee City ttee (PC) Communications Org. (ECO) Committee (PTY) penditure (IE) (also covers an electioneering communications)	OFFICE USE ONLY ONLINE SUBMISSION [1242178] Submitted on: 1/26/2021 19:34:01 (eastern) (3) ID Number: 377						
	6 / 1 / 2020 To							
(6) Contributions Th	nis Report	(7) Expenditures This Report						
	,, <u>0</u> . <u>00</u> ,, <u>0</u> . <u>00</u> ,, <u>0</u> . <u>00</u> ,, <u>0</u> . <u>00</u>	Monetary \$						
		(8) Other Distributions \$, , <u>0</u> 0						
(9) TOTAL Monetary Contributions To Date \$\\ __ _2, _{440} \cdot _{00}\\ \$\\ _ _2, _{373} \cdot _{98}\\ \$\\ _ _2, _{373} \cdot _{98}\\ \$\\ _ _ _2, _{373} \cdot _{98}\\ \$\\ _ _ _ _ _ _ _ \								
(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								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Carlos Alvarez, III		(2) I.D. Number					
	6/1/2020		6	/12/2020				
(3) Cover Perio	od///	thro	ough	<i>l l</i>	(4) Pag	e	of	
		r		r	r	· · · · · · · · · · · · · · · · · · ·		
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name							
(6)	(Last, Suffix, First, Middle)	_		_				
Sequence	Street Address &		ontributor	Contribution	In-kind	Karagalaraa		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	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 _	Carlos	Alvarez	, III				 (2) I.D. Nun	nber		377	
		6/1/2020)		6/12/20	020					
(3) Cover Po	eriod	I	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
6/10/2020	Supervisor of Election, 2509 E. Iclo Bronson Memorial Highwa	qualification y	MO	Add	\$299.00
1	Kissimmee , Fl 34744				
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