CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1) Democratic Executive Committee	OFFICE USE ONLY
Name	ONLINE SUBMISSION [1244905]
(2)	Submitted on:
Address (number and street)	4/6/2021 10:12:39 (eastern)
City, State, Zip Code	
Check here if address has changed	(3) ID Number: 1347
(4) Check appropriate box(es):	· ·
☐ Candidate Office Sought:	
Political Committee (PC)	□ 011 beer 15 D0 500 bee disheaded
<ul><li>☐ Electioneering Communications Org. (ECO)</li><li>☒ Party Executive Committee (PTY)</li></ul>	<ul><li>☐ Check here if PC or ECO has disbanded</li><li>☐ Check here if PTY has disbanded</li></ul>
☐ 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
Cover Period: From $\frac{1}{2}$ / $\frac{1}{2021}$ To	3 / 31 / 2021 Report Type: Q1
☐ Original ☐ Amendment ☐ Spe	ecial Election Report
(6) Contributions This Report	(7) Expenditures This Report
-	Monetary
Cash & Checks \$ , , 0 . 00	Expenditures \$ , , , 0 . 00
Loans \$ , , 0.00	Transfers to
Loans \$,,,000	Office Account \$ , , 0 . 00
Total Monetary \$ , , 0.00	· · · · · _ <u> </u>
	Total Monetary \$ , , 0 . 00
In-Kind \$ , , <u>900</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>4</u> , <u>239</u> . <u>12</u>
(11) Cor	<u> </u> tification
	on to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, corr	rect, 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

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Democratic Executi	347					
(3) Cover Perio	1/1/2021 od//	thro		/31/2021 //	(4) Pag	je <u>1</u>	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8)	(9)	(10) In-kind	(11)	(12)
Number 3/19/2021 /	City, State, Zip Code Graham, Robert 1518 Norwick Dr Lutz, FL 33559	Type B	Occupation accountant	Type : IK	Description audit accounting	Amendment Add	Amount \$900.0
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f I							
1 1							
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1 1							

(1) Name Demo	CAMPAIGN TREASURER'S ocratic Executive Committee		ED EXPENDITURES (2) I.D. Number			
		/31/2021	4) Page <u>1</u>		0	
(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose (add office sought if	(9)	(10)	(11)	
(6) Sequence Number	Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amount	
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