

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) 4 Our Kids  
 Name  
 (2) 10380 SW Village Center Dr #328  
 Address (number and street)  
Port St. Lucie, FL 34987  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1212932]

Submitted on:  
 6/25/2020 10:40:17 (eastern)

Check here if address has changed

(3) ID Number: 419

(4) Check appropriate box(es):

- Candidate Office Sought: \_\_\_\_\_
- Political Committee (PC)
- 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) Report Identifiers

Cover Period: From 6 / 13 / 2020 To 6 / 26 / 2020 Report Type: P2

Original       Amendment       Special Election Report

### (6) Contributions This Report

Cash & Checks      \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Loans                      \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Total Monetary      \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

In-Kind                      \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures      \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Transfers to Office Account      \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Total Monetary      \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , 51 , 450 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , 50 , 409 . 23

### (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 or electioneering comm.)       Treasurer       Deputy Treasurer

X \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_

Candidate                       Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name 4 Our Kids (2) I.D. Number 419

6/13/2020 through 6/26/2020

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (4) Page 1 of 0

(5) Date	(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) Amendment	(12) Amount
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name 4 Our Kids

(2) I.D. Number 419

(3) Cover Period 6/13/2020 through 6/26/2020

(4) Page 1 of 0

(5) Date	(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
(6) Sequence Number					
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