CAMPAIGN TREASURE	R'S REPORT SUMMARY				
(1) Antonio J Diar	OFFICE USE ONLY				
(2) Name 2264 Sw 22nd Ave					
Address (number and street)					
Miami, FL 33145 City, State, Zip Code					
Check here if address has changed	(3) ID Number:				
(4) Check appropriate box(es):	Miami Commission, Dist-4				
☐ Political Committee (PC)	Tham Commission, Dist - 1				
☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded☐ 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				
47	: Identifiers **O8 / O1 / 4 Report Type:				
	ecial Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$,,	Monetary Expenditures \$,,0.00				
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$, , , , , , , , , , , , , , , , , ,				
Total Monetary \$,,					
In-Kind \$, , 0 . <u>0</u> 0	Total Monetary \$, , , 0 . 0 0				
	(8) Other Distributions				
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
\$, <u>2</u> , <u>128</u> . <u>98</u>	\$, <u>2</u> , <u>200</u> . <u>21</u>				
(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) Ontown Din	(Type name) Khomiv T Dae				
☐ Individual (only for IE Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate				
x 4300	x Angel				
Signature	Signature				

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CAMPAIGN TREASURER'S REPORT -- ITEMIZED CONTRIBUTIONS

(1) Name An	Amio J	Dian	(2)	I.D. Number	N-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
(3) Cover Period	07,01,	/4 through	08 1 01 1 14	(4) Page	of

	1			1		т	
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	Ç	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name (2) I.D. Number					
(3) Cover Perio	nd 07, 01, 14 through 08	AI 10L	1) Page		
(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)	(11) Amount
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