

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Juan Santang
Name

(2) 5661 West 10 Ave
Address (number and street)
Hialeah FL 33012
City, State, Zip Code

OFFICE USE ONLY

NOV18'21 1:02PM

(3) ID Number: 164

Check here if address has changed

(4) Check appropriate box(es): Mayor

- | | | |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Candidate | Office Sought: <u>Mayor</u> | <input type="checkbox"/> Check here if PC or ECO has disbanded |
| <input type="checkbox"/> Political Committee (PC) | | <input type="checkbox"/> Check here if PTY has disbanded |
| <input type="checkbox"/> Electioneering Communications Org. (ECO) | | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Party Executive Committee (PTY) | | |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | | |

(5) Report Identifiers

Cover Period: From 10 / 02 / 21 To 10 / 15 / 21 Report Type: 62

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . _____

Loans \$ _____ , _____ , 200 . 00

Total Monetary \$ _____ , _____ , 0 . _____

In-Kind \$ _____ , _____ , 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 164 . 00

Transfers to Office Account \$ _____ , _____ , 0 . _____

Total Monetary \$ _____ , _____ , 164 . 00

(8) Other Distributions

\$ _____ , ~~_____~~ . ~~_____~~

(9) TOTAL Monetary Contributions To Date

\$ _____ , 2,476 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 2,428 . 64

(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) Anita KARRMORR

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

[Signature]

X _____
Signature

(Type name) Juan Santang

Candidate Chairperson (only for PC and PTY)

[Signature]

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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(1) Name _____ (2) I.D. Number _____

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page ____ of ____

(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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
10, 01, 21 <u>1</u>	Juan Santana 5601 W 10 Ave Hialeah FL, 33012	I		L04			\$ 50.00
10, 12, 21 <u>2</u>	Juan Santana 5601 west 10 ave Hialeah FL, 33012	I	B	L04			\$ 100.00
10, 13, 21 <u>3</u>	Juan Santana 5601 west 10 ave Hialeah FL, 33012	I		L04			\$ 50.00