CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	BRYAN RUBIO	OFFICE USE ONLY					
	Name	DECEIVED					
(2)	16548 MAGNOLIA TERR BLVD Address (number and street)						
	MONTVERDE, FL 34756	<u>, </u>					
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number:					
(4)	Check appropriate box(es): ✓ Candidate Office Sought: ☐ Political Committee (PC)	NCIL					
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)	 ☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed 					
	(5) Report	Identifiers					
Cov	er Period: From $8 / 23 / 25$ To	9 / 5 /25 Report Type: 2025-M2					
☑ C	riginal Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$, ,		Monetary Expenditures \$, , <u>93</u> . <u>00</u>					
Loar	s,,	Transfers to Office Account \$, ,					
	Il Monetary \$, ,	Total Monetary \$, , <u>93</u> . <u>00</u>					
In-K	ind \$, ,	(8) Other Distributions					
		\$, ,					
(9)	* TOTAL Monetary Contributions To Date \$, ,	(10) TOTAL Monetary Expenditures To Date \$, _ <u> </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:							
(T	ype name) BRYAN RUBIO	(Type name) BRYAN RUBIO					
	Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer electioneering comm.)	☑ Candidate ☐ Chairperson (only for PC and PTY)					
_X Si	gnature	X B Signature					

(1) Name BRYAN RUBIO (2) I.D. Number									
(3) Cover Perio	4) Page	of							
(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				
9/5/2025	Meter 1 Meter Way Menlo Park, CA 94025	Meter ads aggregate 8/28/25-9/5/25	CAN		\$ 93.00				
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name			(2) I.D. Number			
(3) Cover Period	08 / 23 / 2025	through /	05 / ²⁰²⁵	_ (4) Page	1(of
(5)	(7)	(8)	(9)	(10)	(11)	(12)
Date (6)	Full Name (Last, Suffix, First, Middle)					
Sequence Number	Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount
Number	City, State, 21p code	Type Occupation	1,400	Decemperation		
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES