

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) _____

Name _____

OFFICE USE ONLY

(2) _____

Address (number and street) _____

Sneads, FL 32460

City, State, Zip Code _____

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Sneads Town Council- Group

Political Committee (PC)

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

Cover Period: From _____ / _____ / _____ To _____ / _____ / _____ Report Type: _____

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____

(10) TOTAL Monetary Expenditures To Date

\$ _____

(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) Treasurer Deputy Treasurer
or electioneering comm.)

X

Signature _____

(Type name)

Candidate Chairperson (only for PC and PTY)

X

Signature _____

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(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 | | (9) Contribution Type | (10) In-kind Description | (11) Amendment | (12) Amount |
|-------------|--|----------------------------|--|-----------------------------|--------------------------------|-------------------|----------------|
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(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) Purpose (add office sought if contribution to a candidate) | (9) Expenditure Type | (10) Amendment | (11) Amount |
|-------------|--|--|----------------------------|-------------------|----------------|
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