

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Charlotte Rodstrom  
Name

(2) 66 Nurmi Drive  
Address (number and street)  
Fort Lauderdale, FL 33301  
City, State, Zip Code

Check here if address has changed

(3) ID Number: 0000

**OFFICE USE ONLY**

CITY CLERK

2017 JUN -9 PM 2: 33

(4) Check appropriate box(es):

- Candidate Office Sought: Mayor- Fort Lauderdale
- 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 03 / 01 / 2017 To 03 / 31 / 2017 Report Type: M3

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$            ,            1 , 850 . 00

Loans \$            ,            ,            .           

Total Monetary \$            ,            ,            .           

In-Kind \$            ,            , 350 . 00

### (7) Expenditures This Report

Monetary Expenditures \$            ,            1 , 601 . 10

Transfers to Office Account \$            ,            ,            .           

Total Monetary \$            ,            1 , 601 . 10

### (8) Other Distributions

\$            ,            ,            .           

### (9) TOTAL Monetary Contributions To Date

\$            , 20 , 300 . 00

### (10) TOTAL Monetary Expenditures To Date

\$            , 7 , 769 . 83

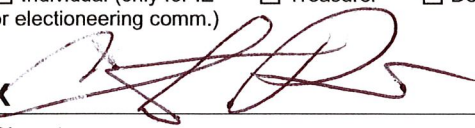
### (11) Certification

**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) Charlotte Rodstrom

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

**X**   
Signature

(Type name) Charlotte Rodstrom

Candidate  Chairperson (only for PC and PTY)

**X**   
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Charlotte Rodstrom

(2) I.D. Number 0000

(3) Cover Period 03 / 01 / 2017 through 03 / 31 / 2017

(4) Page 1 of 1

(5) Date	(6) Sequence Number	(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
03 / 26 / 2017	14	Schneider, Michael 139 Fiesta Way Fort Lauderdale, FL 33301	I	Medical assi	INK	Event	DEL	250.00
03 / 26 / 2017	14	Schneider, Michael 139 Fiesta Way Fort Lauderdale, FL 33301	I	Assistant	INK	Event	ADD	100.00
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