

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Tim Smith

Name

(2) 1720 NE 9 Avenue

Address (number and street)

Fort Lauderdale, FL 33305

City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

2017 NOV -6 PM 12:44

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: City Commissioner, District II

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 10/01/17 / _____ To 10/31/17 / _____ Report Type: M-10

Original

Amendment

Special Election Report

(6) Contributions This Report

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

Loans \$ 10,100.00 , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ 38.49 , _____ . _____

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 10,100.00 , _____ . _____

(10) TOTAL Monetary Expenditures To Date

\$ 38.49 , _____ , _____ . _____

(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) Margery Anderson

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

X Margery Anderson
Signature

(Type name) Tim Smith

Candidate Chairperson (only for PC and PTY)

X Tim Smith
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 10/01/17 / _____ / _____ through 10/31/17 / _____ / _____ (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
10/24/17 / / 1	Tim Smith 1720 NE 9 Avenue Fort Lauderdale FL 33305	LOA	Self-Employe	CHE			100.00
10/31/17 / / 2	Tim Smith 1720 NE 9 Avenue Fort Lauderdale FL 33305	LOA	Self-Employe	CHE			10,000
/ /							
/ /							
/ /							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Tim Smith

(2) I.D. Number _____

(3) Cover Period 10/01/17 / ____ / ____ through 10/31/17 / ____ / ____

(4) Page 1 of 1

(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
(6) Sequence Number					
10/31/17 / /	Abby Laughlin 425 Bayshore Drive #29 Fort Lauderdale FL 33304		RMB		38.49
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