

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Tim Smith

OFFICE USE ONLY

2018 JAN -5 AM 11:28

(2) 1720 NE 9 Ave

Address (number and street)
FT Lauderdale 33305

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: _____
- 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 12 / 16 / 17 To 12 / 29 / 17 Report Type: P5

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 400 . 00

Loans \$ _____ , _____ , 500 . 00

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . _____

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

Total Monetary \$ _____ , _____ , 55 . 25

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 15 , 275 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 13 , 448 . 00

(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) Tim Smith

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

X _____
Signature

(Type name) _____

Candidate Chairperson (only for PC and PTY)

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 12, 16, 17 through 12, 29, 17 (4) Page 1 of 3

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
12, 17, 17 1	Ronald McQuire 100.5 Ocean #2101 Ft Lauderdale 33316	CHE					25-
12, 17, 17 2	Ann Clark 2715 N. Ocean 14c Ft Lauderdale 33308	CHE					25-
12, 20, 17 3	Sam Falcone 1537 NE 3rd Ave Ft Lauderdale 33304	CHE					25-
12, 22, 17 4	Gustavo Carbonell 1457 NE 4 Ave Ft Lauderdale 33304	CHE					25-
12, 19, 17 5	David Lhota 621 SW 74 Terr Plantation FL 33317	CHE					25-
12, 19, 17 6	Janna Lhota 621 SW 74 Terr Plantation FL 33317	CHE					25-
12, 19, 17 7	David Orshovsky 200 NE 16 Terr Ft Lauderdale 33301	CHE					25-

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 12, 16, 17 through 12, 29, 17 (4) Page 2 of 3

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
12, 20, 17 1	Rex Williams 2037 NE 15 th St Ft Lauderdale 33304	CHE					25-
12, 28, 17 2	Ross Parker 920 NE 13 th St Ft Lauderdale 33304	CHE					25-
12, 28, 17 3	Kristen Parker 920 NE 13 th St Ft Lauderdale 33304	CHE					25-
12, 28, 17 4	Seth Izadiz 920 NE 13 th St Ft Lauderdale 33304	CHE					25-
12, 28, 17 5	Adriel Loschak 25 920 NE 13 th St Ft Lauderdale 33304	CHE					25-
12, 28, 17 6	Juana Guilfran 920 NE 13 th St Ft Lauderdale 33304	CHE					25-
12, 28, 17 7	Trevor Lee 920 NE 13 th St Ft Lauderdale 33304	CHE					25-

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

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

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8)		(9)	(10)	(11)	(12)
		Contributor		Contribution	In-kind	Amendment	Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
12, 29, 17 1	Mel Lenet 920 NE 135 St Ft Lauderdale 33304	CHE					25-
12, 29, 17 2	Jennifer Lee 920 NE 135 St Ft Lauderdale 33304	CHE					25-
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Tim Smith

(2) I.D. Number _____

(3) Cover Period 12, 16, 17 through 12, 29, 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					
12/29/17	BSOE PO BOX 029001 FT LAUD FL 33302	Report	Can		55.25
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