CAMPAIGN TREASURER'S REPORT SUMMARY		
(1)	Tim Smith	OFFICE USE ONLY
(2)	Name 1720 NE 9 Avre	2018 MAY 29 PM 12: 22
. ,	Address (number and street) 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 3 1 8 1 18 To 5 1 29 1 18 Report Type: Termination		
☐ Original ☐ Amendment ☐ Special Election Report		
(6)	Contributions This Report	(7) Expenditures This Report
Cash	n & Checks \$, , <u>©</u> . <u>0</u>	Monetary Expenditures \$, , ,
Loar		Transfers to Office Account \$,,
Tota	1 Monetary \$,, & . 00	Total Monetary \$,
In-Kind \$, , , , , , , , , , , , , , , , , , ,
		(8) Other Distributions \$, ,
(9)	TOTAL Monetary Contributions To Date \$, 33_, 900. 00	(10) TOTAL Monetary Expenditures To Date \$, 33, 90080
(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:		
(1)periume)		(Type name) (IM SMI)
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)		Candidate Chairperson (only for PC and PTY)
x m.		x fim mi
Si	gnature /	Signature /

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

(1) Name (2) I.D. Number ____ & through S of (3) Cover Period (4) Page ____ (10) (11) (9) (7) (8) (5) **Date Full Name Purpose** (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & contribution to a Sequence Type **A**mount Amendment City, State, Zip Code candidate) Number (an

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES