

CAMPAIGN TREASURER'S REPORT SUMMARY

CITY CLERK

(1) Tim Smith
Name

(2) 1720 NE GRAVE
Address (number and street)

41 Laurel FL 33065
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY
2018 JUN 25 AM 9:55

(4) Check appropriate box(es):

- | | | |
|--|----------------------|--|
| <input checked="" type="checkbox"/> Candidate | Office Sought: _____ | <input type="checkbox"/> Check here if PC or ECO has disbanded |
| <input type="checkbox"/> Political Committee (PC) | | <input type="checkbox"/> Check here if PTY has disbanded |
| <input type="checkbox"/> Electioneering Communications Org. (ECO) | | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Party Executive Committee (PTY) | | |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | | |

(5) Report Identifiers

Cover Period: From 3 / 9 / 18 To 5 / 29 / 18 Report Type: Term

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks	\$	____	,	____	,	<u>00</u>	.	<u>00</u>
Loans	\$	____	,	____	,	<u>00</u>	.	<u>00</u>
Total Monetary	\$	____	,	____	,	<u>00</u>	.	<u>00</u>
In-Kind	\$	____	,	____	,	<u>00</u>	.	<u>00</u>

(7) Expenditures This Report

Monetary Expenditures	\$	____	,	____	,	<u>148</u>	.	<u>64</u>
Transfers to Office Account	\$	____	,	____	,	____	.	____
Total Monetary	\$	____	,	____	,	<u>148</u>	.	<u>64</u>

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 33 , 900 . 00

(10) TOTAL Monetary Expenditures To Date

\$ 33 , 900 . 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]
Signature

(Type name) Tim Smith
 Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Tim Smith (2) I.D. Number _____
 (3) Cover Period 3 / 9 / 18 through 5 / 29 / 18 (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
5 / 17 / 18	Tim Smith 1720 NE S AVE FT Lauderdale FL 33305	Cam	repay loan		148.64
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