

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY
RECEIVED
AUG 3 2018
City Auditor & Clerk

(1) CHANGE THE DATE SARASOTA
Name

(2) 1945 Fruitville Rd
Address (number and street)

Sarasota, FL 34236
City, State, Zip Code

Check here if address has changed

(3) ID Number: 00000

(4) Check appropriate box(es):

Candidate Office Sought: City of Sarasota

Political Committee (PC)

Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)

Check here if PTY has disbanded

Party Executive Committee (PTY)

Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

(5) Report Identifiers

Cover Period: From 07 / 21 / 18 To 07 / 27 / 18 Report Type: P4

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . _____

Total Money \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 35 . 95

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

Total Monetary \$ _____ , _____ , 35 . 95

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 55 , 000 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 90 . 95

(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) KEVIN COOPER

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

Signature

(Type Name) _____

Candidate Chairperson (only for PC & PTY)

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name CHANGE THE DATE SARASOTA **(2) I.D. Number** 00000

(3) Cover Period 07 / 21 / 18 through 07 / 27 / 18 **(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
07 / 23 / 18 Unfiled 1	DELUXE CHECKING PO Box 64468 Saint Paul, MN 55164	CHECKING SUPPLIES	MON		35.95
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DS-DE 14 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES