| FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | |
|---|--|--|--|--|--|--|
| (1) Speiden Shelly Schwhetz Name (2) Unit 1101 3370 Nh 190 Th Street Address (number and street) Hoentura for fourior 33180 City, State, Zip Code | OFFICE USE ONLY | | | | | |
| ☐ CHECK IF ADDRESS HAS CHANGED (4) Check appropriate box(es): ☐ Candidate (office sought): ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | (3) ID Number: | | | | | |
| ☐ Party Executive Committee ☐ Electioneering Communication ☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED | | | | | | |
| (5) REPORT IDENTIFIERS Cover Period: From 9 1/6 106 To 9 129 106 Report Type 62-06 | | | | | | |
| | Report Independent Expenditure Report | | | | | |
| (6) CONTRIBUTIONS THIS REPORT | (7) EXPENDITURES THIS REPORT | | | | | |
| Cash & Checks \$, <u>7//9</u> | Monetary Expenditures \$, 500. \(\omega \) | | | | | |
| Loans \$, <u>\(\begin{align*} \beg</u> | Transfers to Office Account \$, | | | | | |
| Total Monetary \$, <u>2/24</u> | Total Monetary \$, <u>566</u> . <u>05</u> | | | | | |
| In-Kind \$, <u>````/_/</u> // | (8) Other Distributions \$,/ルドラ | | | | | |
| (9) TOTAL Monetary Contributions To Date \$ | (10) TOTAL Monetary Expenditures To Date \$ | | | | | |
| (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) //nnn Schwhotz Individual (only for election dering commun.) Treasurer Deputy Treasurer election dering commun.) | Candidate Chairperson (only for PC, PTY & electronesing conjumn. organization) | | | | | |
| Signature | Signature // | | | | | |

DS-DE 12 (Rev. 08/04) X-CANDIDATE WILLCOUR PANY Short FULL - but none Appears
To Exist per Depository 81+Check Account.

| CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name Shelow Shely Schulbriz (2) I.D. Number | | | | | | | |
|--|--|--|---------------------|-----------|--------|--|--|
| (3) Cover Period 9 1 16 1 06 through 9 129 106 (4) Page / of / | | | | | | | |
| (5) Date | (7) Full Name | (8) Purpose | (9) | (10) | (11) | | |
| (6) Sequence Number | (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (add office sought if contribution to a candidate) | Expenditure Type | Amendment | Amount | | |
| 9 120/06 | STANKYSHAPIRO | Consutant | Che | 7/14 | 500-00 | | |
| 1146 | | | | | | | |
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DS-DE 14 (Rev. 08/03)