CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Scott Ellis	OFFICE USE ONLY							
` ,	Name	ONLINE SUBMISSION							
(2)	P.O. Box 410458	[1131141]							
	Address (number and street)	Submitted on: 10/16/2016 22:26:37 (eastern)							
	Melbourne, FL 32941								
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 636							
(4)	Check appropriate box(es):								
	 ☐ Clerk of the Circuit Court ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed 								
	(5) Report	Identifiers							
Cove	er Period: From 10 / 8 / 2016 To	10 / 14 / 2016 Report Type: <u>G5</u>							
X O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Cash	n & Checks \$, , <u>500</u> . <u>00</u>	Monetary							
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$, , 0 . 00							
Tota	I Monetary \$,, <u>500</u> . <u>00</u>	Total Monetary \$, , <u>57</u> . <u>10</u>							
In-Ki	nd \$,,, <u>0</u> . <u>00</u>								
		(8) Other Distributions \$, , <u>0</u> 00							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>23</u> , <u>811</u> . <u>11</u>	\$, <u>23</u> , <u>074</u> . <u>96</u>							
<u>(T</u>	(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) Individual (only for IE Treasurer Deputy Treasurer Candidate Chairperson (only for PC and PTY) Candidate Chairperson (only for PC and PTY)								
X		X							
Sie	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Scott Ellis		(2) I.D. Number 636						
	10/8/2016 od / /		1	0/14/2016	(4) Pag	<u> </u>	of ¹		
(0) 00101 1 011	· · · · · · · · · · · · · · · · · · ·		9		(+/ . 49				
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8) ontributor	(9) Contribution	(10) In-kind	(11)	(12)		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
10/12/2016	Schenk, Barbara 329 McLeod Ave Cocoa, FL 32922	İ		СН			\$100.		
1									
10/12/2016	Butterfield, Dawn 2144 H R Lane Cocoa, FL 32926	I	pharmacist	CH			\$400.		
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name <u>S</u>	Scott Ellis					(2) I.D. Num	ber	636			
		10/8/2	016		10/14/	2016					
(3) Cover Pe	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
10/12/2016	WaWa, 5605 N. Wickham Road Melbourne, FL 32940	gas	MO		\$57.10
1	Melbourne, PB 32340				
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