CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Timothy Street	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1144787]						
(2) 5665 S. Tropical Trl	Submitted on:						
Address (number and street) Merritt Island, FL 32952	10/2/2017 12:40:55 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 699						
(4) Check appropriate box(es):							
Candidate Office Sought: County Commis	ssioner, District 2						
Political Committee (PC) Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded						
Party Executive Committee (PTY)	Check here if PTY has disbanded						
Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed						
individual making electioneering communications)							
(5) Report Identifiers							
Cover Period: From <u>9</u> / <u>1</u> / <u>201</u> 7 To	9 / <u>30</u> / <u>2017</u> Report Type: <u>M9</u>						
🖾 Original 🗌 Amendment 🗌 Sp	pecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$,, 0 00	Expenditures \$,, 60 . 00						
Loans \$,,0.00	Transfers to						
Loans $\qquad \qquad \qquad$	Office Account \$,,,0.00						
Total Monetary \$ , , 0.00							
	Total Monetary \$, , 60.00						
In-Kind \$,, 0.00							
	(8) Other Distributions						
	\$,,000						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, 1, 150.00	\$,,60 . 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, co							
	(Type name)						
(Type name)	Candidate Chairperson (only for PC and PTY)						
or electioneering comm.)							
X	X						
Signature	Signature						

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Timothy Street	(2) I.D. Number					
9/1/2017			9/30/2017				
(3) Cover Pe	eriod / /	thro	ough	11	(4) Pag	e	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1							
1 1							
1 1	_						
1 1							
1 1							
1 1							
1 1							
1 1							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Time	thy Street	(2	PORT – ITEMIZED EXPENDITURES (2) I.D. Number 699				
(3) Cover Period	9/1/2017 9/ 1/ through	/30/2017	4) Page <u>1</u>	of	1		
(5) Date (6) Sequence Number	(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		
9/8/2017	Wix.com, 235 West 23rd Street 8th Floor New York, NY 10011	website	МО		\$60.00		
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11							
11							
11							

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES