

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joseph B. Klosky  
 Name

(2) 960 Barefoot Bay Blvd.  
 Address (number and street)

Barefoot Bay, FL 32976  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1175914]

Submitted on:  
 10/12/2018 15:08:16 (eastern)

Check here if address has changed (3) ID Number: 734

(4) Check appropriate box(es):

Candidate Office Sought: Barefoot Bay Trustee

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 individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 9 / 29 / 2018 To 10 / 5 / 2018 Report Type: G4

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , 0 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        ,        , 25 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        ,        , 50 . 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) \_\_\_\_\_

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

**X** \_\_\_\_\_

Signature

(Type name) \_\_\_\_\_

Candidate  Chairperson (only for PC and PTY)

**X** \_\_\_\_\_

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Joseph B. Klosky (2) I.D. Number 734

9/29/2018 through 10/5/2018

(3) Cover Period \_\_\_ / \_\_\_ / \_\_\_ through \_\_\_ / \_\_\_ / \_\_\_ (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
10/5/2018 / /	Klosky@, joseph B 960 Barefoot Blvd Barefoot Bay, Fl 32976	I	retired	CA			\$0.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Joseph B. Klosky

(2) I.D. Number 734

(3) Cover Period 9/29/2018 through 10/5/2018

(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
(6) Sequence Number					
10/5/2018 / /	Klosky@, joseph B 960 Barefoot Blvd Barefoot Bay, Fl 32976	no expenses for this period	MO		\$0.00
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