CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Hurrol (HB) Brinker	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	554 Tarpon Drive	Submitted on:					
	Address (number and street)	10/14/2018 09:45:02 (eastern)					
	Barefoot Bay, FL 32976						
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number:742					
(4)	Check appropriate box(es):						
	☐ Candidate Office Sought: Barefoot Bay	Trustee					
	Political Committee (PC)	Check have if DC av ECO has dishanded					
		☐ Check here if PC or ECO has disbanded☐ 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					
Cove	` , .						
X O	Original Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
		Monetary					
Casl	h & Checks \$, , 60 . 00	Expenditures \$, , 0 . 00					
•	Φ 0.00						
Loar	ns \$,, <u>0</u> .00	Transfers to Office Account \$					
- .	• 60 00	Office Account \$, , , 0 . 00					
lota	al Monetary \$, , _60 . 00	Total Monetary \$. 0 . 00					
1 12	· · • • 0 00	Total Monetary \$, , , 0 . 00					
In-Ki	find \$,,,						
		(8) Other Distributions					
		\$, , <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$	\$,, <u>884</u> . <u>16</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:							
(T	ype name)	(Type name)					
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)					
X		X					
Si	ignature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	r	(2) I.D. Number							
	10/6/2	018		10/12	2/2018				
(3) Cover Period	1	1	through	1	1	(4) Page	1	of $\frac{1}{}$	

(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8) ontributor	(9)	(10) In-kind	(11)	(12)
Number 10/9/2018 // 1	City, State, Zip Code Guinther, Tom 1071 Royal Palm Dr. Barefoot Bay, FL 32976	Type	Occupation	Type CA	Description	Amendment	Amount \$20.0
10/9/2018	Berndsen, Rich 920 Cashew Cir. Barefoot Bay, FL 32976	I		CA			\$20.0
10/9/2018	Beling, Skip 905 Laurel Cir. Barefoot Bay, FL 32976	I		CA			\$20.0
1 1							
j j							
f I							
1 1							
1 1							

) Cover Period _	10/6/2018 10 / / through	/12/2018	2) I.D. Number 1) Page1	145	0
(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)	(11)
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DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES							