

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Steven Anthony Geller  
 Name  
 (2) 3957 Barbados Ave.  
 Address (number and street)  
Cooper City, FL 33026  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1134643]

Submitted on:  
 11/4/2016 12:31:38 (eastern)

Check here if address has changed

(3) ID Number: 2

(4) Check appropriate box(es):

- Candidate Office Sought: County Commission, Dist. 5
- 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 1 / 1 / 2016 To 1 / 31 / 2016 Report Type: M1

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 \$        , 1 , 003 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        , 1 , 003 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 243 , 000 . 67

### (10) TOTAL Monetary Expenditures To Date

\$        , 204 , 283 . 70

### (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 Steven Anthony Geller (2) I.D. Number 2

(3) Cover Period 1/1/2016 through 1/31/2016 (4) Page 1 of 0

(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
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Steven Anthony Geller

(2) I.D. Number 2

(3) Cover Period 1/1/2016 through 1/31/2016

(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					
1/11/2016 / /	Wells Fargo Bank NA , P.O. Box 6995 Portland , OR 97228	online deposit detail image fee	MO	Add	\$3.00
1					
1/6/2016 / /	Wellsfargo Bank NA , P.O. Box 6995 Portland, OR 97228	returned check	MO	Add	\$1,000.00
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					