CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Citizens Over Public Safety	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION [1104509]								
(2)	2800 W State Road 84, Ste 105	Submitted on:								
	Address (number and street)	5/9/2016 10:07:57 (eastern)								
	Fort Lauderdale, FL 33312									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:363								
(4)	Check appropriate box(es):									
	Candidate Office Sought:									
	☑ Political Committee (PC) ☐ Floationsoring Communications Org. (FCO) ☐ Check here if BC or FCO has disharded									
	<ul> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Check here if PTY has disbanded</li> </ul>									
	☐ Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed								
	individual making electioneering communications)									
	(5) Report	dentifiers								
Cove	er Period: From $4 / 1 / 2016$ To									
		ecial Election Report								
		T								
(6)	Contributions This Report	(7) Expenditures This Report								
01	h & Checks \$ , 5,000.00	Monetary Expenditures \$ , , 0 . 00								
Casi	n & Checks \$ ,5 , _00000	Expenditures \$ , , , 0 . 00								
Loar	ns \$ , , 0.00	Transfers to								
		Office Account \$ , , 0 . 00								
Total Monetary \$ , 5,000.00										
	· — — — —	Total Monetary \$ , , 0 . <u>00</u>								
In-Ki	ind \$ , , 0.00									
		(8) Other Distributions								
		\$ , , <u>0</u> . <u>00</u>								
/O)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
(9)	•									
	\$,5,30000	\$ , , <u>181</u> . <u>37</u>								
		tification								
	It is a first degree misdemeanor for any pers	on to falsify a public record (ss. 839.13, F.S.)								
Ιc	certify that I have examined this report and it is true, corr	rect, and complete:								
(T	ype name)	(Type name)								
	Individual (only for IE  Treasurer Deputy Treasurer	☐ Candidate ☐ Chairperson (only for PC and PTY)								
	electioneering comm.)									
X		x								
	gnature	Signature								

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) NameCitizens Over Public Safety									
	4/1/2016				4/30/2016				
(3) Cover Perio	od / /	thro	ough	11	(4) Pag	e	of		
(5)	(7)		(8)	(9)	(10)	(11)	(12)		
Date	Full Name								
(6)	(Last, Suffix, First, Middle)		STATE OF THE PROPERTY OF THE P		Door President				
Sequence	Street Address &		ontributor	Contribution	In-kind	Amendment	8		
Number	City, State, Zip Code Chinn, James A		Occupation retired	Type CH	Description	Amendment	Amount \$5,000.0		
4/8/2016	12000 NW 5th Ct		recired	CH			\$5,000.00		
1 1	Plantation, FL 33325								
1									
T									
	3								
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1 1									
37									
1 1									
#	-								
30 W									
1 1	_								
J I	-								
1 1									
1 1									
<i>I</i> - <i>I</i>									

I) Name <u>Citi</u>	zens Over Public Safety		(2) I.D. Number		363
3) Cover Period	4/1/2016 /through	4/30/2016 //	(4) Page <u>1</u>	of _	0
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought i contribution to a candidate)	f Expenditure Type	(10)	(11)
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