	CAMPAIGN TREASURE	R'S REPORT SUMMARY				
(1)	Hubert St Clair	OFFICE USE ONLY				
` '	Name	ONLINE SUBMISSION [1168799]				
(2)	6044 NW 45th Way	Submitted on:				
	Address (number and street)	8/20/2018 23:33:44 (eastern)				
	Coconut Creek, FL 33073  City, State, Zip Code					
		(2) ID Number				
	Check here if address has changed	(3) ID Number: 475				
(4)	Check appropriate box(es):					
	<ul><li>☐ Candidate Office Sought: School Board,</li><li>☐ Political Committee (PC)</li></ul>	Dist. 7				
	☐ 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				
	marvidual making electioneering communications)					
	(5) Report	Identifiers				
Cove	er Period: From $8 / 11 / 2018$ To	8 / 23 / 2018 Report Type: <u>P7</u>				
X o	riginal Amendment Spe	ecial Election Report				
(6)	Contributions This Report	(7) Expenditures This Report				
		Monetary				
Cash	n & Checks \$ , , 0 . 00	Expenditures \$ , , 0 . 00				
	Ф 0 00					
Loans \$,,,000		Transfers to Office Account \$				
Tota	I Monetary \$ , , 0 . 00	Office Account \$ , , , 0 . 00				
Tota	I Monetary \$,,	Total Monetary \$ , , 0 . 00				
In-Ki	nd \$ , , 0.00	,,,				
	,,	(8) Other Distributions				
		\$,, 000				
(0)						
(9)	TOTAL Monetary Contributions To Date  \$ , 1 , 030 . 00	(10) TOTAL Monetary Expenditures To Date				
	\$	\$, <u> </u>				
	(11) Cert	ification				
	It is a first degree misdemeanor for any pers	on to falsify a public record (ss. 839.13, F.S.)				
Ιc	ertify that I have examined this report and it is true, corr	ect, and complete:				
(T	ype name)	(Type name)				
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)				
Х		X				
-	gnature	Signature				

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

(1) Name	Hubert St Clair		(2) I.D. Number 475					
	8/11/2018		8	/23/2018	(4) Don	1	<b></b> 1	
(3) Cover Perio	od / /		Jugii	· ·	(4) Pag	е	OI	
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation		Contribution Type	In-kind Description	Amendment	Amount	
8/20/2018 /	StClair, Hubert 6044 N.W 45th Way Coconut Creek, Fl 33073	I	Occupation	CA	Description		\$0.0	
1	ecconde creek, FI 33073							
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						United Spile		
DS-DE 13 (Rev. 11/1	3)	SEE RE	VERSE FOR I	NSTRUCTIONS	S AND CODE VAL	UES		

1) Name Hubert	St Clair		r:	ORT – ITEMIZED EXPENDITUR (2) I.D. Number		
3) Cover Period _	8/11/2018 / /	through	_//(4	4) Page <u>1</u>	of	0
(5) Date  (6) Sequence Number	(7) Full Nar (Last, Suffix, Fir Street Addr City, State, Z	st, Middle) ess &	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10)	(11) Amount
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