CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Michael Kottler	OFFICE USE ONLY						
` '	Name	ONLINE SUBMISSION [1166362]						
(2)	11825 Royal Palm Blvd., Apt. 204	Submitted on:						
	Address (number and street)	8/9/2018 19:25:39 (eastern)						
,	Coral Springs, FL 33065							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:509						
(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: School Board,	Dist. 4						
	Political Committee (PC)	Check have if DO as EOO has disheaded						
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY)	<ul><li>☐ Check here if PC or ECO has disbanded</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	Identifiers						
Cove	er Period: From 7 / 28 / 2018 To							
		ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Cash	n & Checks \$,,,	Monetary						
Loar	\$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$ , , 0 . 00						
Tota	Monetary \$ , , , 0 . 00	Total Monetary \$ , , 21 . 60						
In-Ki	nd \$ , , 0.00	<del></del>						
		(8) Other Distributions						
		\$ , , <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$, 6, 800.00	\$ , , 24 . 10						
	(11) Cert It is a first degree misdemeanor for any pers							
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I certify that I have examined this report and it is true, correct, and complete:								
	/pe name)	(Type name)						
	Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		X						
Sig	gnature	Signature						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	<u>Michael Kottler</u>				2) I.D. Numbe	۲°	509
	7/28/2018		8	/3/2018			
(3) Cover Perio	od//	thro	ough	1 1	(4) Pag	e <sup>1</sup>	of <sup>0</sup>
			3465			,,, , , , , , , , , , , , , , , , , ,	
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name		<b>、</b> /		<b>\(\frac{1}{2}\)</b>	X32 37	
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	Co	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Michael	el Ko	ttler				 (2) I.D. Nur	nber		509	
	7/28/	/2018		8/3/201	.8		-			
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
8/1/2018	Depot, Office Online	business cards	PW		\$21.60
1	Coral Springs, FL 33065				
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DS-DE 14 (Rev.	11/13 \		<del>-</del> )	-	