

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Martin (Marty) Kiar  
 Name  
 (2) 10971 NW 6 Ct.  
 Address (number and street)  
Plantation, Fl 33324  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1156439]

Submitted on:  
 6/8/2018 12:42:07 (eastern)

Check here if address has changed (3) ID Number: 465

(4) Check appropriate box(es):

Candidate Office Sought: Property Appraiser

Political Committee (PC)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

### (5) Report Identifiers

Cover Period: From 5 / 1 / 2018 To 5 / 31 / 2018 Report Type: M5

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,   7   , 800 . 00

Loans \$        ,        ,   0 . 00

Total Monetary \$        ,   7   , 800 . 00

In-Kind \$        ,        ,   0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        ,   12 . 00

Transfers to Office Account \$        ,        ,   0 . 00

Total Monetary \$        ,        ,   12 . 00

**(8) Other Distributions**

\$        ,        ,   0 . 00

**(9) TOTAL Monetary Contributions To Date**

\$        ,   95 , 600 . 00

**(10) TOTAL Monetary Expenditures To Date**

\$        ,        ,   12 . 00

### (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 Martin (Marty) Kiar (2) I.D. Number 465  
 5/1/2018 through 5/31/2018  
 (3) Cover Period           /          /           through           /          /           (4) Page 1 of 2

(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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
5/3/2018 / /	QUACKENBUSH, ANTHONY 1313 ORANGE ISLE FORT LAUDERDALE, FL 33315	I	attorney	CH			\$-200.00
1							
5/30/2018 / /	TAG AGENCY LLC, SOUTH BROWARD AUTO 16660 SADDLE CLUB RD WESTON, FL 33326	B	tag agency	CH			\$1,000.00
2							
5/30/2018 / /	AGENCY-HOLLYWOOD, SOUTH BROWARD TAG 3387 SHERIDAN ST HOLLYWOOD, FL 33021	B	tag agency	CH			\$1,000.00
3							
5/30/2018 / /	AMERICAN SCANNING & STORAGE, 750 S. POWERLINE RD, STE #E DEERFIELD BEACH, FL 33442	B	storage facility	CH			\$1,000.00
4							
5/30/2018 / /	AUTO TAG MGMT GROUP, 200 S. ANDREWS AVE, SUITE 500 FORT LAUDERDALE, FL 33301	B	tag agency	CH			\$1,000.00
5							
5/30/2018 / /	DEALER SERVICES NETWORK, 200 S. ANDREWS AVE, SUITE 500 FORT LAUDERDALE, FL 33301	B	tag agency	CH			\$1,000.00
6							
5/30/2018 / /	PALM BEACH, LLC, DEALER SERVICES OF 3155 SW 10 ST. STE D DEERFIELD BEACH, FL 33442	B	tag agency	CH			\$1,000.00
7							
5/30/2018 / /	OF LAUDERHILL, LLC, FIRST BROWARD AUTO TAG AGENCY 1299 A NW 40TH AVENUE LAUDERHILL, FL 33313	B	tag agency	CH			\$1,000.00
8							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Martin (Marty) Kiar (2) I.D. Number 465

(3) Cover Period 5/1/2018 through 5/31/2018 (4) Page 2 of 2

(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
5/30/2018 / /	AGENCY, INC, FIRST BROWARD AUTO TAG 1113 N FEDERAL HWY FORT LAUDERDALE, FL 33304	B	tag agency	CH			\$1,000.00
9							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Martin (Marty) Kiar

(2) I.D. Number 465

(3) Cover Period 5/1/2018 through 5/31/2018

(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					
5/3/2018 //	BANK OF AMERICA, PO Box 15284 WILMINGTON, DE 19850	return check fee	MO		\$12.00
1					
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