CAMPAIGN TREASURER'S REPORT SUMMARY									
(1) Charlotte Makes Cents	OFFICE USE ONLY								
Name	ONLINE SUBMISSION [1083284]								
(2) <u>PO Box 380401</u> Address (number and street)	Submitted on:								
Address (number and street) Murdock, FL 33938	1/5/2015 11:24:53 (eastern)								
City, State, Zip Code									
Check here if address has changed	(3) ID Number: 405								
(4) Check appropriate box(es):									
Candidate Office Sought:									
Political Committee (PC)									
Electioneering Communications Org. (ECO) Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded								
Independent Expenditure (IE) (also covers an	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									
Cover Period: From <u>12</u> / <u>1</u> / <u>2014</u> To	0 <u>12</u> / <u>31</u> / <u>2014</u> Report Type: <u>M12</u>								
🖾 Original 🗌 Amendment 🗌 Sp	pecial Election Report								
(6) Contributions This Report	(7) Expenditures This Report								
	Monetary								
Cash & Checks \$ , , , 0 . 00	Expenditures \$,, <u>12</u> .00								
Loans \$,,000	Transfers to								
	Office Account \$,,,0.00								
Total Monetary \$ , , 0.00									
	Total Monetary \$,,,								
In-Kind \$,,000									
	(8) Other Distributions								
	\$,, <u>0</u> . <u>00</u>								
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
\$, <u>38</u> _, <u>550</u> <u>00</u>	\$,38 ,08034								
(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:									
	I								
(Type name)	(Type name)								
or electioneering comm.)									
X	X								
Signature	Signature								

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	<u>Charlotte Makes Ce</u>	te Makes Cents (2) I.D. Number 405					0.5	
	12/1/2014							
(3) Cover Perio	od / /	thro	ough	<i>ll</i>	(4) Pag	e _1	of	
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount	
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name <u>Cha</u>	<b>CAMPAIGN TREASURER'</b> rlotte Makes Cents		D EXPENDIT (2) I.D. Number		405
(3) Cover Period	12/1/2014 I/ through_	12/31/2014 /	(4) Page <u>1</u>	of_	1
(5) Date (6) Sequence Number	(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
	SUNTRUST BANK, P O BOX 305183 NASHVILLE, TN 37230	bank service charge	МО		\$12.00
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES