CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	John Salem Mahshie	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	625 Cape Terrace NW	Submitted on:							
	Address (number and street)	3/2/2016 14:35:19 (eastern)							
	Port Charlotte, FL 33952  City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 474							
(4)	_	(b) 15 Number.							
(+)	Check appropriate box(es):  Candidate Office Sought: Clerk Of The Circuit Court  Political Committee (PC)  Electioneering Communications Org. (ECO)  Party Executive Committee (PTY)  Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if PC or ECO has disbanded  Check here if PTY has disbanded  Check here if no other IE or EC reports will be filed								
	(5) Report	Identifiers							
Cove	er Period: From 2 / 1 / 2016 To	2 / 29 / 2016 Report Type: M2							
o [	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$ , , , _96	Monetary							
Loar		Transfers to Office Account \$ , , , 0 . 00							
Tota	I Monetary \$ , , , 96	Total Monetary \$ . 0 . 00							
In-Ki	ind \$ , , 29.96	Total Monetary \$ , , 0 . 00							
		(8) Other Distributions \$ , , 000							
(9)	TOTAL Monetary Contributions To Date \$ , , _60100	(10) TOTAL Monetary Expenditures To Date \$ , , 000							
(T	(11) Cert It is a first degree misdemeanor for any pers certify that I have examined this report and it is true, corr  ype name) Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	on to falsify a public record (ss. 839.13, F.S.)							
	gnature	Signature							

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

(1) Name	n Salem M	ahshie			(2	!) I.D. Number		474		19
	2/1/2016	5		2/29/	2016					
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	1	

(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Contributor		(9) Contribution	(10) In-kind	(11)	(12)
City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
Mahshie, John S. 625 Cape Terrace NW Port Charlotte, FL 33952	Ï	retired l.e.o.	CA	petition cards	Delete	\$29.9
Mahshie, John S. 625 Cape Terrace NW Port Charlotte, FL 33952	I	retired l.e.o.	IK	petition cards	Add	\$29.9
	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code Mahshie, John S. 625 Cape Terrace NW Port Charlotte, FL 33952  Mahshie, John S. 625 Cape Terrace NW	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code Mahshie, John S. 625 Cape Terrace NW Port Charlotte, FL 33952  Mahshie, John S. 625 Cape Terrace NW	Full Name (Last, Suffix, First, Middle) Street Address & Contributor City, State, Zip Code Mahshie, John S. 625 Cape Terrace NW Port Charlotte, FL 33952  Mahshie, John S. 625 Cape Terrace NW Fort Charlotte, FL 33952  Mahshie, John S. 625 Cape Terrace NW First Number of Street N	Full Name (Last, Suffix, First, Middle) Street Address & Contributor City, State, Zip Code  Mahshie, John S. 625 Cape Terrace NW Port Charlotte, FL 33952  Mahshie, John S. 625 Cape Terrace NW Fort Charlotte, FL 33952  Mahshie, John S. 625 Cape Terrace NW Figure 1	Full Name (Last, Suffix, First, Middle) Street Address & Contributor City, State, Zip Code Mahshie, John S. 625 Cape Terrace NW Port Charlotte, FL 33952  Mahshie, John S. 625 Cape Terrace NW Port Charlotte, FL 33952  Mahshie, John S. 625 Cape Terrace NW 1.e.o.  Mahshie, John S. 625 Cape Terrace NW Contributor Type Occupation Type CA Petition Cards	Full Name (Last, Suffix, First, Middle) Street Address & Contributor City, State, Zip Code  Mahshie, John S. Port Charlotte, FL 33952  Mahshie, John S. G25 Cape Terrace NW Port Charlotte, FL 33952  Mahshie, John S. G25 Cape Terrace NW Port Charlotte, FL 33952  Mahshie, John S. G25 Cape Terrace NW G26 Cape Terrace NW G27 Cape Terrace NW G27 Cape Terrace NW G28 Cape Terrace NW G28 Cape Terrace NW G29 Cape Terrace NW G29 Cape Terrace NW G20 Cape Terrace NW

(1) Name John	CAMPAIGN TREASURER'S RI Salem Mahshie	EXPENDITURES 2) I.D. Number 474				
	2/1/2016 2/2 / / through	29/2016	, 4) Page <u>1</u>		0	
(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)	(11)	
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