

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) John Ahern  
 Name  
 (2) 343 Ave L; PO Box 176  
 Address (number and street)  
Moore Haven, FL 33471  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1175895]  
 Submitted on:  
 10/12/2018 14:31:20 (eastern)

Check here if address has changed

(3) ID Number: 3

(4) Check appropriate box(es):

- Candidate Office Sought: County Commissioner District 4
- Political Committee (PC)
- 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

### (5) Report Identifiers

Cover Period: From 9 / 29 / 2018 To 10 / 5 / 2018 Report Type: G4

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,      , 500 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 500 . 00

In-Kind \$      ,      , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$      ,      , 972 . 92

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 972 . 92

### (8) Other Distributions

\$      ,      , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$      , 15 , 050 . 00

### (10) TOTAL Monetary Expenditures To Date

\$      , 5 , 199 . 08

### (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 John Ahern (2) I.D. Number 3

9/29/2018 through 10/5/2018

(3) Cover Period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (4) Page 1 of 1

(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
10/2/2018 / /	FLINT, JOE PO BOX 2155 LABELLE, FL 33975	I	retired	CH			\$500.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name John Ahern

(2) I.D. Number 3

(3) Cover Period 9/29/2018 through 10/5/2018

(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					
10/4/2018 / /	ASCCS, 1198 US HWY 27 MOORE HAVEN, FL 33471	cc reimbursement hardware, gas, stamps	RM		\$972.92
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