CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Glades County Democratic Executive C	OMMITTEE OFFICE USE ONLY ONLINE SUBMISSION						
Name (2) P.O. Box 1015	[1174979]						
Address (number and street)	Submitted on:						
Moore Haven, FL 33471	10/8/2018 10:26:55 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 9						
(4) Check appropriate box(es):							
Candidate Office Sought:							
<ul> <li>Political Committee (PC)</li> <li>Electioneering Communications Org. (ECO)</li> </ul>	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 7 / 1 / 2018 To	9 / <u>30</u> / <u>2018</u> Report Type: <u>2018</u>						
Image: Special Election Report							
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$,, <u>212</u> . <u>17</u>	Expenditures \$,,						
Loans \$,, <u>0</u> .00	Transfers to						
	Office Account \$ , , 0 · 00						
Total Monetary \$,, 212.17							
	Total Monetary \$ , , , 0 . 00						
In-Kind \$,, <u>0</u> . <u>00</u>							
	(8) Other Distributions						
	\$,, <u>0</u> . <u>00</u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$,, <u>212</u> . <u>17</u>	\$,, <u>100</u> . <u>00</u>						
(4) 2							
	tification son 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) (Type name)							
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
X	X						
Signature	Signature						

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name							)
	7/1/2018			/30/2018		-	-
(3) Cover Per	iod / /	thro	ough	<i>ll</i>	(4) Pag	e	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 FL Democratic		Occupation fl dem.	Туре СН	Description	Amendment	Amount
7/27/2018 / /	Party, 214 S. Bronough St. Tallahassee, FL 32301		party	Cn			\$212.17
1 1							
1 1	_						
		2					
1 1							
1 1	_						
1 1	_						
1 1							
1 1							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name Glades County Democratic Executive Committee (2) I.D. Number 9							
(3) Cover Period	7/1/2018 // through	9/30/2018	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) Amendment	(11) Amount		
_/ /							
_/_/							
_ / /							
11							
11							
11							
_ / /							

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