

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Tan Smiley  
 Name  
 (2) 111 Harbor Dr.  
 Address (number and street)  
Port St. Joe, FL 32456  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1157054]  
 Submitted on:  
 6/11/2018 15:34:30 (eastern)

Check here if address has changed

(3) ID Number: 285

(4) Check appropriate box(es):

- Candidate Office Sought: County Commission Dist 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 5 / 1 / 2018 To 5 / 31 / 2018 Report Type: M5

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,      , 100 . 00

Loans \$      ,      , 490 . 00

Total Monetary \$      ,      , 590 . 00

In-Kind \$      ,      , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$      ,      , 483 . 10

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 483 . 10

### (8) Other Distributions

\$      ,      , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$      ,      , 590 . 00

### (10) TOTAL Monetary Expenditures To Date

\$      ,      , 483 . 10

### (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 Tan Smiley (2) I.D. Number 285

(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) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
5/11/2018 / /	Emerald Coast Federal CU, 502 Woodward Ave Port St Joe, FL 32456	S	self employed	LO			\$290.00
1							
5/21/2018 / /	Emerald Coast Federal CU, 502 Woodward Ave Port St Joe, FL 32456	S	self employed	LO			\$200.00
2							
5/21/2018 / /	Pristine Pool and Spa, 408 Garrison Avenue Port St Joe, FL 32456	B	pool services	CH			\$100.00
3							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Tan Smiley

(2) I.D. Number 285

(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					
5/17/2018 / /	Gulf SOE, 401 Long Ave Port St Joe, FL 32456	petition verification	MO		\$1.60
1					
5/29/2018 / /	Sign De-sign, 20 Jefferson Street Eastpoint, FL 32328	signs	MO		\$481.50
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					