

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) David Straz
 Name
 (2) P.O. Box 172536
 Address (number and street)
Tampa, FL 33672
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1187369]

Submitted on:
 4/30/2019 09:34:56 (eastern)

Check here if address has changed

(3) ID Number: 1572

(4) Check appropriate box(es):

Candidate Office Sought: Mayor, Tampa

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

Cover Period: From 11 / 1 / 2018 To 11 / 30 / 2018 Report Type: M11

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , -5 . 95

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , -5 . 95

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ 4 , 764 , 469 . 18

(10) TOTAL Monetary Expenditures To Date

\$ 4 , 578 , 379 . 86

(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 David Straz (2) I.D. Number 1572

11/1/2018 through 11/30/2018

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name David Straz

(2) I.D. Number 1572

(3) Cover Period 11/1/2018 through 11/30/2018

(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					
11/6/2018 / /	First Citrus Bank, 4302 W Kennedy Blvd Tampa, FL 33609	refund of business mobile deposit fee	RE	Add	\$-5.95
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