CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Walter L. Smith II	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	2504 E. 12th Ave	Submitted on:					
	Address (number and street)	7/22/2019 23:13:53 (eastern)					
	Tampa, FL 33605  City, State, Zip Code	<del></del>					
	Check here if address has changed	(3) ID Number: 1675					
(4)	Check appropriate box(es):	(6) 12 1141112011					
(-7							
	(5) Report	dentifiers					
Cove	er Period: From $\frac{4}{2}$ / $\frac{19}{2019}$ To						
X O	riginal Amendment Spo	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
Casl	n & Checks \$ , , , 000	Monetary					
Loar		Transfers to Office Account \$ , , , 0 . 00					
Tota	I Monetary \$ , , , 000	Total Manatany C					
In-Ki	nd \$,, <u>0</u> . <u>00</u>	Total Monetary \$ , , 0 . 00					
		(8) Other Distributions \$ , , 000_					
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc						
(T	(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						
X		<u>X</u>					
Si	gnature	Signature					

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

(1) Name Walter L. Smith II			(2) I.D. Number						
	4/19/2019		7	/22/2019					
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Page	e <u>1</u>	of		
					Г	2			
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)		
(6)	(Last, Suffix, First, Middle)								
Sequence	Street Address &	Co	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
J I	-								
						8			
1									
1 1									
3			5						
J I									
1									
J v									
f I									
1 1									
1 1									

DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name Walter	L. Smith I	I	(2) I.D. Number	1675
(3) Cover Period _	4/19/2019	7/22/2019 through//	(4) Page1	of 0

(5) Date	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
//					
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## **CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS**

1675

(1) Name	Walter L. Smith II		(2) I.D. Numb	oer1675	<u> </u>
(3) Cover Period	d 4/19/2019 through 7/2	2/2019	(4) Page	1_of_	1
(5) Date (6) Sequence Number	(7)  Name of Financial Institution  Street Address & City, State, Zip Code	(8) Transfer Type	(9) Nature of Account	(10)	(11)
7/22/2019	Dr. Walter L. Smith Library, 905 N Albany Ave Tampa, FL 33606	TO	checking account		\$63.76
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30 3					
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