

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Erik David  
 Name  
 (2) 4266 Slash Pine Lane  
 Address (number and street)  
Tallahassee, FL 32305  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1161116]  
 Submitted on:  
 7/13/2018 07:08:02 (eastern)

Check here if address has changed (3) ID Number: 500

(4) Check appropriate box(es):  
 Candidate Office Sought: Tallahassee City Commission - Seat 4/Mayor  
 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 12 / 1 / 2017 To 12 / 31 / 2017 Report Type: M12  
 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 \$        ,        , 15 . 70  
 Transfers to Office Account \$        ,        , 0 . 00  
 Total Monetary \$        ,        , 15 . 70

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 1 , 355 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        ,        , 971 . 73

### (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 Erik David (2) I.D. Number 500

(3) Cover Period 12/1/2017 through 12/31/2017 (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 Erik David

(2) I.D. Number 500

(3) Cover Period 12/1/2017 through 12/31/2017

(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					
12/9/2017 / /	Vantiv Vantiv, 8500 Governors Hill Drive Symmes Township, OH 45249	credit card processing fee	MO	Add	\$5.70
1					
12/31/2017 / /	Capital City Bank, PO Box 900 Tallahassee, FL 32302	account service charge	MO	Add	\$10.00
2					
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