CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Emily Fritz	OFFICE USE ONLY						
•	Name	ONLINE SUBMISSION						
(2)	1433 Vieux Carre Drive	Submitted on:						
	Address (number and street)	4/10/2018 09:11:08 (eastern)						
	Tallahassee, FL 32308							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number: 522						
(4)	Check appropriate box(es):							
	Candidate Office Sought: Tallahassee C.	ity Commission - Seat 5						
	☐ 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						
		Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
(5) Report Identifiers								
Cove	er Period: From 3 / 1 / 2018 To	3 / 31 / 2018 Report Type: M3						
□ о	riginal Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
(0)	Contributions Time Report	Monetary						
Cash & Checks \$, , 0 . 00		Expenditures \$, , 0 . 00						
		· - · - · - ·						
Loar	ns \$,,,000	Transfers to						
	•	Office Account \$, , , 0 . 00						
Tota	I Monetary \$, , 000							
	• 000	Total Monetary \$, , 0 . 00						
In-Ki	and \$,, <u>0</u> .00							
		(8) Other Distributions						
		\$, , <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$, <u>26</u> , <u>370</u> . <u>50</u>	\$, <u>2</u> , <u>081</u> . <u>94</u>						
(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:								
	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		X						
	gnature	Signature						

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Emily Fritz	(2) I.D. Number					
	3/1/2018 riod//	3		/31/2018			
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code		(8) ontributor	(9) Contribution Type	(10) In-kind Description	(11)	(12)
3/21/2018	Smith, Ted 400 N. Meridian St Tallahassee, FL 32301		association n executive		2.3.3.7	Delete	\$500.0
3/21/2018	Smith, Ted 400 N. Meridian St Tallahassee, FL 32301	В	ex. director of fada	СН		Add	\$500.0
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(1) Name Emil		PENDITURES . Number 522			
	3/1/2018 3/33 I/through	1/2018	4) Page1	-	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)	(11) Amount
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7 7 7					