

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Paul Stolc
 Name
 (2) 501 Blairstone Rd Apt 2824
 Address (number and street)
Tallahassee, FL 32301
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1174390]

Submitted on:
 10/4/2018 13:30:14 (eastern)

Check here if address has changed (3) ID Number: 523

(4) Check appropriate box(es):

Candidate Office Sought: Leon County Commission - District 5

Political Committee (PC) Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO) Check here if PTY has disbanded

Party Executive Committee (PTY) Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

(5) Report Identifiers

Cover Period: From 5 / 22 / 2018 To 10 / 3 / 2018 Report Type: TR-PS

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 \$, , 100 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 100 . 00

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

(9) TOTAL Monetary Contributions To Date
 \$, 2 , 457 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, 2 , 457 . 00

(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 Paul Stolc (2) I.D. Number 523

5/22/2018 through 10/3/2018

(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 Paul Stolc

(2) I.D. Number 523

(3) Cover Period 5/22/2018 through 10/3/2018

(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
10/3/2018 / /	, Refuge House PO Box 20910 Tallahassee, FL 32316	disposal of remaining funds in campaign account	DI		\$710.97
1					
9/26/2018 / /	Stolc, Paul 5001 Lakefront Dr Apt D2 Tallahassee, FL 32303	reimbursement for the funds he contributed to open the	RM		\$100.00
2					
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