

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Michael Glantz  
 Name  
 (2) 3781 Chanticleer Ct  
 Address (number and street)  
Tallahassee, FL 32311  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1176120]  
 Submitted on:  
 10/13/2018 10:18:27 (eastern)

Check here if address has changed

(3) ID Number: 560

(4) Check appropriate box(es):

- Candidate Office Sought: Capital Regional CDD Seat 3
- 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 9 / 29 / 2018 To 10 / 5 / 2018 Report Type: G4

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,      , 250 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 250 . 00

In-Kind \$      ,      , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$      ,      , 815 . 98

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 815 . 98

### (8) Other Distributions

\$      ,      , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$      ,      , 3 , 655 . 00

### (10) TOTAL Monetary Expenditures To Date

\$      ,      , 2 , 400 . 15

### (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 Michael Glantz (2) I.D. Number 560  
 (3) Cover Period 9/29/2018 through 10/5/2018 (4) Page 1 of 1

(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
10/5/2018 / /	Hawkes, Tonya 3785 Chanticleer Ct Tallahassee, FL 32311	I	nurse	CH			\$250.00
1							
/ /							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Michael Glantz

(2) I.D. Number 560

(3) Cover Period 9/29/2018 through 10/5/2018

(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					
10/5/2018 / /	USPS, 221 W Park Ave Tallahassee, FL 32301	postage	MO		\$200.00
1					
10/5/2018 / /	Visual Solutions, 1486 Max Drive Tallahassee, FL 32303	signage	MO		\$615.98
2					
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