

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MARION COUNTY FLORIDA LIBERTARIAN PARTY

Name

(2) 5625 SW 88TH PL

Address (number and street)

OCALA, FL 34476

City, State, Zip Code

Check here if address has changed

(3) ID Number: 294

(4) Check appropriate box(es):

Candidate Office Sought: _____

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

OFFICE USE ONLY
ONLINE SUBMISSION
[1138112]

Submitted on:
1/8/2017 23:03:42 (eastern)

(5) Report Identifiers

Cover Period: From 11 / 4 / 2016 To 12 / 31 / 2016 Report Type: Q4

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 \$ _____ , _____ , 10 . 00

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 10 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 619 . 42

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 491 . 40

(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 MARION COUNTY FLORIDA LIBERTARIAN PARTY (2) I.D. Number 294

11/4/2016 through 12/31/2016

(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 MARION COUNTY FLORIDA LIBERTARIAN PARTY

(2) I.D. Number 294

(3) Cover Period 11/4/2016 through 12/31/2016

(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					
12/10/2016 / /	Regions Bank, 9297 SE Maricamp Rd Ocala, FL 34472	nov and dec acct fees.	MO		\$10.00
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