

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) COMMITTEE TO IMPROVE MARION COUNTY
 Name
 (2) 5184 SE 20TH ST
 Address (number and street)
OCALA, FL 34480
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1185278]

Submitted on:
 3/2/2019 09:12:29 (eastern)

Check here if address has changed

(3) ID Number: 409

(4) Check appropriate box(es):

- Candidate Office Sought: _____
- 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 2 / 1 / 2019 To 2 / 28 / 2019 Report Type: M2

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 \$ _____ , _____ , 160 . 50

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

Total Monetary \$ _____ , _____ , 160 . 50

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 24 , 100 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 22 , 212 . 60

(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 COMMITTEE TO IMPROVE MARION COUNTY (2) I.D. Number 409

2/1/2019 through 2/28/2019

(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 COMMITTEE TO IMPROVE MARION COUNTY

(2) I.D. Number 409

(3) Cover Period 2/1/2019 through 2/28/2019

(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					
2/18/2019 //	B.B.Graphics, 3742 SW 7th st Ocala, Fl 34474	ad design	MO		\$160.50
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