

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) REPUBLICAN EXECUTIVE COMMITTEE
 Name
 (2) 317 NE 36th AVE, STE 6
 Address (number and street)
OCALA, FL 34470
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1147596]
 Submitted on:
 1/5/2018 06:53:50 (eastern)

Check here if address has changed

(3) ID Number: 74

(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

(5) Report Identifiers

Cover Period: From 10 / 1 / 2017 To 12 / 31 / 2017 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 \$ _____ , _____ , 4 . 00

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

Total Monetary \$ _____ , _____ , 4 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 639 , 637 . 14

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 607 , 008 . 51

(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 REPUBLICAN EXECUTIVE COMMITTEE (2) I.D. Number 74

10/1/2017 through 12/31/2017

(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 REPUBLICAN EXECUTIVE COMMITTEE

(2) I.D. Number 74

(3) Cover Period 10/1/2017 through 12/31/2017

(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					
10/31/2017 / /	Bank, Center State 4905 NW Blitchton Rd Ocala, Fl 34470	statement fee	MO		\$2.00
1					
11/30/2017 / /	Bank, Center State 4905 NW Blitchton Rd Ocala, Fl 34470	statement fee	MO		\$2.00
2					
/ /					
/ /					
/ /					
/ /					
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