	CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Wilbert Theodore Holloway	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	748 NW 204 Street	Submitted on:							
	Address (number and street) Miami Gardens, Fl 33169	1/6/2016 15:13:02 (eastern)							
	City, State, Zip Code								
	☐ Check here if address has changed	(3) ID Number: 1429							
(4)	Check appropriate box(es):								
	(5) Report	Identifiers							
Cove	, , .	12 / 31 / 2015 Report Type: 15M12							
X O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$, 2 , _00000	Monetary							
Loar		Transfers to Office Account \$, , , 0 . 00							
Tota	I Monetary \$, 2 , _00000	Total Monetary \$. 0 . 00							
In-Ki	and \$, , 0.00	Total Monetary \$, , , 0 . 00							
		(8) Other Distributions \$, , 000							
(9)	(9) TOTAL Monetary Contributions To Date \$,,,,,,,,								
(T)	It is a first degree misdemeanor for any persecritify that I have examined this report and it is true, corresponding to the latest personance of t	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)							
X Si	gnature	X Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Wilbert Theodo	re Ho	lloway		(2) I.D. Numbe	II"	L429	
(3) Cover Perio	12/1/2015 od/	. /	through	12/31/2015	(4) Pag	e <u>1</u>	of	
(5)	(7)		(8)	(9)	(10)	(11)	(12)	

(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
12/22/2015	Book PA , Ronald 18851 NE 29TH AVE STE 1010	В	accountant	CH			\$1,000.00
1	Aventura, FL 33180						
12/21/2015	Book Consultant Inc., Ronald 18851 NE 29TH AVE	В	consultant s	CH			\$1,000.00
2	STE 1010 Aventura, FL 33180						
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Wilb	ert Theod	dore H	olloway	KLIOK	1 – 11 EW). Numb			1429	an:
(3) Cover Period	12/1/2 1/	015 /	through	L2/31/20 /	15 /	(4) Pa	ige	1	of	0	
(E)		C	7)		(8)		(9)	T	(10)	(11)	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
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DS DE 1/ /Pov					