CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Edward Kenneth Newman	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	Address Is Exempt By Law	Submitted on:							
	Address (number and street)	7/8/2015 17:19:53 (eastern)							
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 1432							
(4)	Check appropriate box(es):								
	Candidate Office Sought: County Court	Judge Group 07							
	Political Committee (PC)	<u> </u>							
		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							
	individual making electioneering communications)								
(5) Report Identifiers									
Cove									
		6 / <u>30</u> / <u>2015</u> Report Type: <u>15M06</u>							
		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
	^	Monetary							
Cash	n & Checks \$, ,000	Expenditures \$, , , 00							
Loar	ns \$,,,0.00	Transfers to							
		Office Account \$, 0 . 00							
Tota	I Monetary \$, , 0.00								
·		Total Monetary \$, , 0 . 00							
In-Ki	nd \$,, <u>0</u> .00								
		(8) Other Distributions							
		\$,,000							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, 109 , 725 . 00	\$, 7 , 614 . 04							
(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:									
	ype name)	(Type name)							
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	Candidate Chairperson (only for PC and PTY)							
<u>X</u>		X							
Si	gnature	Signature							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Edward Kenneth Newm		(2) I.D. Number				
6/1/2015			6/30/2015 rough / (4) Page _1 of				
(3) Cover Per	lod / /		ougn	I I	(4) Pa	ge	01
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &	c	ontributor	Contribution	In-kind		
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount
6/2/2015 / /	Felsher, Clara and Michael One Grove Island Drive, # 3 Coconut Grove, FL 33133		financial advisor	СН		Delete	\$250.0
6/2/2015 / /	Felsher, Clara One Grove Island Drive, # 3 Coconut Grove, FL 33133	I 1702	home make:	c CH		Add	\$250.0
6/5/2015 / / 3	Robert and Avis Garnet, 10620 SW 127th Street MIAMI, FL 33176	I	doctor	СН		Delete	\$500.0
6/5/2015 / /	Avis Garnet, 10620 sw 127th Street MIAMI, FL 33176	I	office manager	СН		Add	\$500.0
1 1							
1 1	_						
1 1							
1 1							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Edwar	URES				
(3) Cover Period	6/1/2015 / /through	6/30/2015 //	(4) Page <u>1</u>	of_	0
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
_/ /					
_/ /					
_/ /					
_/ /					
11					
_/ /					

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