CAMPAIGN TREASURE	R'S REPORT SUMMARY							
(1) John Padron Name	OFFICE USE ONLY ONLINE SUBMISSION [1127560]							
(2) Address (number and street)	Submitted on: 9/22/2016 16:45:11 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 1635							
(4) Check appropriate box(es):								
 Candidate Office Sought: <u>Community Council Area/Subarea 02/26</u> Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) 								
(5) Report Identifiers								
Cover Period: From <u>6</u> / <u>1</u> / <u>2016</u> To	9 / <u>19</u> / <u>2016</u> Report Type: <u>16TQC</u>							
□ Original	ecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
Cash & Checks \$,,,	Monetary Expenditures \$, , <u>100</u> . <u>00</u>							
Loans \$,, <u>0</u> .00	Transfers to Office Account \$,,,0 00							
Total Monetary \$	Total Monetary \$, , <u>100</u> . <u>00</u>							
	(8) Other Distributions \$,,,0.							
(9) TOTAL Monetary Contributions To Date \$,, 20000_	(10) TOTAL Monetary Expenditures To Date \$,,00_							
(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, cor	rect, and complete:							
(Type name)	(Type name)							
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)							
X	x							
Signature	Signature							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name				(2) I.D. Number					
	6/1/2016	9/19/2016							
(3) Cover Perio	od/ /	thro	bugh	1 1	(4) Paq	e ¹	of ⁰		
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(5)	(7)		(8)	(9)	(10)	(11)	(12)		
Date	Full Name			x	(N) 583 60 2 0				
(6)	(Last, Suffix, First, Middle)								
Sequence	Street Address &	C	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name John	CAMPAIGN TREASURER'S		2) I.D. Number	1635	
(3) Cover Period	6/1/2016 <i>I</i> through	9/19/2016	4) Page <u>1</u>	of_	1
(5) Date (6) Sequence Number	(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
6/23/2016 1	Padron, John ***Protected***	reimbursement for filing fee to john padron candidate for mdc community council 2/26	RM	Add	\$100.00
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES