CAMPAIGN TREASURER'S REPORT SUMMARY						
(1)	Christian David Sweeny	OFFICE USE ONLY				
	Name	ONLINE SUBMISSION				
(2)	7501 SW 138 Court	Submitted on:				
	Address (number and street)	8/9/2018 09:05:01 (eastern)				
	Miami, FL 33183 City, State, Zip Code					
	Check here if address has changed	(3) ID Number: 2100				
(4)	_	(3) ID Number.				
(4)	Check appropriate box(es): X Candidate Office Sought: Community County County Community County Cou	ngil Area/Suharea 11/114				
		IICII Area/Suparea 11/114				
		☐ Check here if PC or ECO has disbanded				
		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				
Cove	er Period: From $\frac{7}{2}$ / $\frac{28}{28}$ / $\frac{2018}{2018}$ To	8 / 3 / 2018 Report Type: 18P5				
<u> </u>	Original Spe	ecial Election Report				
(6)	Contributions This Report	(7) Expenditures This Report				
	!	Monetary				
Cash	h & Checks \$, , ,000	Expenditures \$, , 0 . 00				
•	• 0 00					
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$				
Tato	\$ 0.00	Office Account \$, , , 0 . 00				
างเล	Il Monetary \$, , , 0 . 00	Total Monetary \$, 0 . 00				
In Ki	\$ 0.00	Total Monetary \$, , 0 . 00				
In-Ki	ind \$, , 0 . <u>00</u>	(8) Other Distributions				
		(8) Other Distributions \$, , <u>0</u> 00_				
		,, <u></u> ,,				
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
	\$,, <u>120</u> 00_	\$, ,, , <u>100</u> . <u>00</u>				
(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	☐ Candidate ☐ Chairperson (only for PC and PTY)				
v		V				
Si	gnature	X Signature				

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Christian David Sweeny				(2) I.D. Number 2100				
	7/28/2018		8	/3/2018				
(3) Cover Perio	od / /	thro	ough	<i>l l</i>	(4) Pag	e	of	
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6)	(Last, Suffix, First, Middle)							
Sequence	Street Address &	Co	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount	
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

	CAMPAIGN TREASURER tian David Sweeny	R'S REPORT – ITEMIZED)	D EXPENDIT 2) I.D. Number	2100	
(3) Cover Period	7/28/2018 / <u>/</u> through	8/3/2018	4) Page <u>1</u>	of	0
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence	(Last, Suffix, First, Middle Street Address & City. State. Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount

(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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