

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Sue Woltanski

Name

(2) PO Box 1602

Address (number and street)

Tavernier, FL 33070

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 425

(4) Check appropriate box(es):

☒ Candidate Office Sought: School Board Members, Dist. 5

☐ 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

OFFICE USE ONLY
ONLINE SUBMISSION
[1159450]

Submitted on:

7/2/2018 11:27:33 (eastern)

(5) Report Identifiers

Cover Period: From 6 / 1 / 2018 To 6 / 22 / 2018 Report Type: P1

☐ 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 . 95

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 4 . 95

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 5 , 504 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 2 , 483 . 50

(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 Sue Woltanski (2) I.D. Number 425
 (3) Cover Period 6/1/2018 through 6/22/2018 (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 Sue Woltanski (2) I.D. Number 425
 (3) Cover Period 6/1/2018 through 6/22/2018 (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
6/4/2018 / /	Capital Bank, 91980 Overseas Hwy Tavernier, FL 33070	banking fee	MO	Add	\$4.95
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