

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ralph De Palma  
 Name  
 (2) 11 Aquamarine Dr  
 Address (number and street)  
Key West, Fl 33040  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1157518]

Submitted on:  
 6/22/2018 00:12:44 (eastern)

Check here if address has changed

(3) ID Number: 466

(4) Check appropriate box(es):

- Candidate Office Sought: Mosquito Control Board, Dist 2
- Political Committee (PC)
- Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)  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

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 \$        ,        , 100 . 00

Total Monetary \$        ,        , 100 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 25 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 25 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        ,        , 100 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 25 . 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, 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 Ralph De Palma (2) I.D. Number 466

6/1/2018 through 6/22/2018

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor |            | (9)<br>Contribution | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|---------------------------|--|--------------------|------------|---------------------|--------------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  | Type               | Occupation | Type                |                                |                   |                |
| 6/7/2018<br>/ /           | De Palma, Ralph<br>11 Aquamarine Dr<br>Key West, FL 33040                                      | S                  |            | LO                  |                                |                   | \$100.00       |
| 1                         |  |                    |            |                     |                                |                   |                |
| / /                       |  |                    |            |                     |                                |                   |                |
| / /                       |  |                    |            |                     |                                |                   |                |
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Ralph De Palma

(2) I.D. Number 466

(3) Cover Period 6/1/2018 through 6/22/2018

(4) Page 1 of 1

| (5)<br>Date           | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|-----------------------|--|--|----------------------------|-------------------|----------------|
| 6/13/2018<br>/ /<br>1 | Supervisor of Elections,<br>530 Whitehead St Ste 101<br>Key West, FL 33040                     | qualifying fee   | MO                         |                   | \$25.00        |
| / /                   |  |  |                            |                   |                |
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