	CAMPAIGN TREASURE	R'S REPORT SUMMARY									
(1)	Ricky S. Booth	OFFICE USE ONLY									
	Name	ONLINE SUBMISSION [1146284]									
(2)	6001 Canoe Creek Rd.	Submitted on:									
	Address (number and street) St. Cloud, FL 34772	11/13/2017 06:15:52 (eastern)									
	City, State, Zip Code										
	☐ Check here if address has changed	(3) ID Number: 268									
(4)	Check appropriate box(es):										
	(5) Report	Identifiers									
Cove		10 / 31 / 2017 Report Type: M10									
⊠ o	riginal Amendment Spe	ecial Election Report									
(6)	Contributions This Report	(7) Expenditures This Report									
Cash	n & Checks \$, , <u>600</u> . <u>00</u>	Monetary									
Loar		Transfers to Office Account \$, , 0 . 00									
Tota	I Monetary \$, , <u>600</u> . <u>00</u>	T									
In-Ki	nd \$,,,000	Total Monetary \$, , 0 . 00									
		(8) Other Distributions \$, , 000_									
(9)	TOTAL Monetary Contributions To Date \$,17 , _85300	(10) TOTAL Monetary Expenditures To Date \$, 1 , _50907									
(Ty	(11) Cert It is a first degree misdemeanor for any pers Pertify that I have examined this report and it is true, corr Page name) Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	ect, and complete: (Type name) Candidate Chairperson (only for PC and PTY)									
Sign	gnature	X Signature									

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) NameRic	ky S. Boo	th		(2) I.D. Number		268			
	10/1/20	17		10/31	L/2017					
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	1	

(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8)	(9) Contribution	(10)	(11)	(12)
Number	City, State, Zip Code Suhl, Jed	Type	Occupation small	Type CH	Description	Amendment	Amount \$500.0
10/24/2017	1294 Greenskeep Drive Kissimmee, fl 34741	1	business owner	Сп			\$500.0
10/24/2017	Aston, Frances 2314 Indian Mound Trail Kissimme, FL 34746	I	retail	СН			\$100.
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J I							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Ricky	7 S.	Boot	h	990 - 990 -		100/100 Sal-	(2) I.D. Nui	nber	2	268	an:
	10	0/1/20	017		10/31/	2017	_				
(3) Cover Period			/_	through _			_ (4) Page _	1	of	0	

(5) Date	(7) Full Name	(8)	(9)	(10)	(11)
(6) Sequence Number	(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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