CAMPAIGN TREASURER'S REPORT SUMMARY											
(1)	Adam Michelin	OFFICE USE ONLY									
` '	Name	ONLINE SUBMISSION									
(2)	1455 Riviera Drive	Submitted on:									
	Address (number and street)	9/17/2018 12:47:01 (eastern)									
	Kissimme, FL 34744										
	City, State, Zip Code										
	Check here if address has changed	(3) ID Number:274									
(4)	Check appropriate box(es):										
	Candidate Office Sought: County Commis	sioner District 4									
	☐ 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	Check here if no other IE or EC reports will be filed									
	individual making electioneering communications)										
(5) Report Identifiers											
Cove	er Period: From 9 / 1 / 2018 To	9 / 14 / 2018 Report Type: G2									
× o	riginal Amendment Spo	ecial Election Report									
(6)	Contributions This Report	(7) Expenditures This Report									
(-)	Communication Company	Monetary									
Cash	n & Checks \$, , 0 . 00	Expenditures \$, , 171 . 23									
		<u> </u>									
Loar	ns \$,,,000	Transfers to									
		Office Account \$, , , 0 . 00									
Tota	I Monetary \$, , 0 . <u>00</u>										
		Total Monetary \$, , <u>171</u> . <u>23</u>									
In-Ki	ind \$,, <u>0</u> . <u>00</u>										
		(8) Other Distributions									
		\$, , <u>0</u> . <u>00</u>									
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date									
	\$, <u>12</u> , <u>500</u> . <u>00</u>	\$, <u>12</u> , <u>241</u> . <u>78</u>									
		tification on 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:											
_(T	ype name)	(Type name)									
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)									
X		×									
	gnature	Signature									

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Adam Michelin				2) I.D. Numbe	r	174
	9/1/2018			/14/2018			
(3) Cover Perio	od / /	throug	h	1 1	(4) Pag	e ¹	of ⁰
(5)	(7)	(8	3)	(9)	(10)	(11)	(12)
Date	Full Name					1862 182	
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	Contr	ibutor	Contribution	In-kind		
Number	City, State, Zip Code		ccupation	Туре	Description	Amendment	Amount
01401 1996 06 1991 970 1998 9000 11	Constitution of the Consti			0.010	The contract of the second contract of the se		200 - 300 miles 190 y 0 200 0 miles 200 0 0
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1 1							
J I							
1 1							
10 St							
3							
1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Adam	Mich	elir	1					 (2) I.D. Nun	nber	2	274	an an
		9/3	L/20	18			9/14/2	018					
(3) Cover Po	eriod		1	1	throu	ıqh	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(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
9/11/2018	3 sisters, Adam Michael 226 Broadway Kissimmee, FL 34741	meeting	МО		\$54.38
1					
9/11/2018	best buy, Adam Michael 1620 W Osceola Pkwy Kissimmee, FL 34743	headphones	MO		\$42.99
2					
9/14/2018	Publix, Adam Michael 2338 E IRLO BRONS Kissimmee, FL 34744	planning meeting	MO		\$73.86
3					
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DS.DE 14 / Pov					