	CAMPAIGN TREASURE	R'S REPORT SUMMARY							
(1)	Adam M. Michelin	OFFICE USE ONLY							
T	Name	ONLINE SUBMISSION							
(2)	1455 Riviera Dr.	Submitted on:							
	Address (number and street)	2/4/2018 10:50:48 (eastern)							
	Kissimmee, FL 34744 City, State, Zip Code								
	☐ Check here if address has changed	(2) ID Number 274							
/ A\	_	(3) ID Number: 274							
(4)	Check appropriate box(es): \(\text{\text{Candidate}} \) Office Sought: County Commiss	gioner District 4							
		STOREL DISCITCE 4							
	☐ Electioneering Communications Org. (ECO)	☐ 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 $\underline{1}$ / $\underline{1}$ / $\underline{2018}$ To	1 / 31 / 2018 Report Type: <u>M1</u>							
X O	Original Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
	-	Monetary							
Cash	h & Checks \$, , 000	Expenditures \$, , , 32							
Loor	ns \$, ,500.00	Transfero to							
Loar	ıs	Transfers to Office Account \$							
Tota	al Monetary \$, , 500 . 00	Office Account \$, , , 0 . 00							
TOLG	,,,,	Total Monetary \$, , 72 . 32							
In-Ki	ind \$, , 0.00	,,,							
111	,,	(8) Other Distributions							
		\$,, ooo							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$	\$, <u>2</u> , <u>287</u> . <u>95</u>							
	(11) Certification								
	It is a first degree misdemeanor for any person								
Ιc	certify that I have examined this report and it is true, corre	ect, and complete:							
(T [,]	ype name)	(Type name)							
	Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)							
v		~							
X Si	gnature	X Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Adam M. Michelin				2) I.D. Numbe	er	74
(3) Cover Peri	od//	through	1	/31/2018 //	(4) Pag	je <u>1</u>	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)		(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Contrib	80.003.00000000000000000000000000000000	Contribution Type	In-kind Description	Amendment	Amount
1/31/2018	Michelin, Adam M 1455 Riviera Dr Kissimmee, FL 34744	S ceo		LO	Description		\$500.0
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f I							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Adam M.	Miche	elin				 (2) I.D. Nur	nber	2	274	
		1/1/20	18		1/31/20	18		-			
(3) Cover Po	eriod	1	1	through	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
1/29/2018	VistaPrint, Adam Michael On Line Kissimmee, FL 34744	printing	MO		\$20.32
1/2/2018	B of A, 1703 W Vine St Kissimmee, FL 34741	bank fees	МО		\$17.00
1/29/2018	B of A, 1703 W Vine St Kissimmee, FL 34741	fees	МО		\$35.00
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