	CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Adam Michelin	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	1455 Riviera Drive	Submitted on:							
	Address (number and street)	7/23/2018 09:28:55 (eastern)							
	Kissimme, FL 34744								
	City, State, Zip Code	(2) 12.11							
	Check here if address has changed	(3) ID Number: 274							
(4)	Check appropriate box(es):								
	☐ Candidate Office Sought: County Commiss	sioner District 4							
	☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded							
		☐ 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	dentifiers							
Cove		7 / 20 / 2018 Report Type: P3							
		ecial Election Report							
		T							
(6)	Contributions This Report	(7) Expenditures This Report							
	Φ 0.00	Monetary Expanditures F. C. 71							
Cast	h & Checks \$, , 000	Expenditures \$, , <u>556</u> . <u>71</u>							
Loar	ns \$, , 0.00	Transfers to							
Luai	,,,	Office Account \$, , , 0 . 00							
Tota	ıl Monetary \$, , 0 . 00	· · · · · _ <u> </u>							
•		Total Monetary \$, ,556 . 71							
In-Ki	ind \$, , 0.00								
		(8) Other Distributions							
	J	\$,, <u>0</u> . <u>00</u>							
' 2\	TOTAL Management of the Control of t								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>8</u> , <u>400</u> . <u>00</u>	\$, <u>8</u> , <u>247</u> . <u>34</u>							
	(11) Cert	tification							
	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:							
(Type name) (Type name)									
	ype name) Individual (only for IE Treasurer Deputy Treasurer	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)							
	electioneering comm.)								
v		V							
Si	gnature	X Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Adam Michelin	(2) I.D. Number							
	7/7/2018			/20/2018					
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Pag	e <u>1</u>	of		
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)		
(6)	(Last, Suffix, First, Middle)								
Sequence	Street Address &	Co	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
1 1									
1									
1 1									
1									
1									
, ,									
J I									
1 1									
1 1									
<u> </u>									

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _A	dam	Miche	lin	L				 (2) I.D. Nur	nber	2	274	
		7/7	/20	18		7/20/	2018	~ ~				
(3) Cover Pe	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
7/20/2018	Publix, 2338 E Irlo Broson Kissimmee, Fl 34744	food for meeting	МО		\$31.71
1					
7/10/2018	Kissimmee Chamber, 1425 East Vine Street Kissimmee, Fl 34744	meeting hob nob	МО		\$275.00
2					
7/10/2018	HISPANIC CHAMBER, 1425 East Vine Street Kissimmee, Fl 34744	hob nob	MO		\$250.00
3					
//					
//					
//					
					,
_//					
DS-DE 14 (Rev	Value V				