

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Greg Filak

Name

(2) 1445 Stickley Avenue

Address (number and street)

Celebration, FL 34747

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 400

### OFFICE USE ONLY

ONLINE SUBMISSION

[1229407]

Submitted on:

9/5/2020 00:19:05 (eastern)

(4) Check appropriate box(es):

☒ Candidate Office Sought: Celebration Community Development Seat 3

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 5 / 1 / 2020 To 5 / 31 / 2020 Report Type: M5

☐ Original

☒ Amendment

☐ Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 12 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 12 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        ,        , 100 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 24 . 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 Greg Filak (2) I.D. Number 400  
 (3) Cover Period 5/1/2020 through 5/31/2020 (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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# **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Greg Filak

(2) I.D. Number 400

(3) Cover Period 5/1/2020 through 5/31/2020

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
5/13/2020 / /	Bank of America, PO Box 25118 Tampa, FL 33622	account monthly service fee	MO	Add	\$12.00
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