CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Mike Aday	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	15725 Waxweed Ave	Submitted on:							
	Address (number and street) Spring Hill, FL 34610	11/25/2018 20:10:23 (eastern)							
	City, State, Zip Code	<del></del>							
	☐ Check here if address has changed	(3) ID Number: 982							
(4)	Check appropriate box(es):	(6) 15 Italiaon.							
(+)	☐ Candidate Office Sought: School Board	Member District 5							
	Political Committee (PC)	Member Biberree 5							
	☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded							
	☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an	<ul><li>☐ Check here if PTY has disbanded</li><li>☐ Check here if no other IE or EC reports will be filed</li></ul>							
	individual making electioneering communications)	Check here if no other IE or EC reports will be filed							
0		Identifiers							
		11 / 26 / 2018 Report Type: TRP							
X O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$ , , ,000	Monetary							
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$							
Tota	I Monetary \$ , , , 0 . 00	Office Account \$ , , 0 . 00  Total Monetary \$ , , 1 . 03							
In-Ki	and \$,,,0 . 00	,, <u></u>							
		(8) Other Distributions							
		\$ , , <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$,7_, _11584_	\$ , <u>6</u> , <u>845</u> . <u>75</u>							
(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:									
(T <sup>,</sup>	ype name)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
Х		×							
	gnature	Signature							

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	Mike Aday			(2) I.D. Number982				
	8/24/2018			11/26/2018				
(3) Cover Per	riod///	thro	ough	11_	(4) Page	1	of	
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	Co	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Mike	Aday					(2) I.D. Num	nber	9	982	
	8/24/20	018		11/26/2	2018					
(3) Cover Period	I	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
9/4/2018	Aday, Michael 15725 Waxweed Ave Spring Hill, FL 34610	paying back loan to self	RM		\$1.03
1	op	60 5611			
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