CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Nicole Carr	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	265 8th Ave. NE	Submitted on:							
	Address (number and street) St. Petersburg, FL 33701	1/5/2018 09:49:19 (eastern)							
	City, State, Zip Code	<del></del>							
	☐ Check here if address has changed	(3) ID Number: 922							
(4)	Check appropriate box(es):	(-)							
	(5) Report	dentifiers							
Cove	er Period: From $12 / 1 / 2017$ To	12 / 31 / 2017 Report Type: M12							
X O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$ , , <u>200</u> . <u>00</u>	Monetary							
Loans \$,,,000		Transfers to Office Account \$ , , , 0 . 00							
Tota	I Monetary \$ , , <u>200</u> . <u>00</u>	T. I.M							
In-Ki	ind \$,, <u>0</u> . <u>00</u>	Total Monetary \$ , , 0 . 00							
		(8) Other Distributions \$ , , 000_							
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc								
(T)	(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								
Si	gnature	X Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Nicole Carr (2) I.D. Number 922								
	12/1/2017		12/31/2017					
(3) Cover Peri	od / /	through		(4) Pag	ge <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	Contributor Type Occupat	Contribution tion Type	In-kind Description	Amendment	Amount		
12/20/2017	Arasteh, Mahshid 685 Main Street Ste D Safety Harbor, FL 34695	I engine		Весеприст		\$200.0		
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Nico	le Carr			( I TO ( ) TO (		 (2) I.D. Nun	nber	9	922	
(3) Cover Period	12/1/2	2017 _/	through	12/31/2	2017 /_	 (4) Page	1	of	0	

(5) Date	(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
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