	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	Carl Zimmermann	OFFICE USE ONLY					
78	Name	ONLINE SUBMISSION					
(2)	2160 Vance Ave.	Submitted on:					
	Address (number and street)	10/7/2017 14:54:22 (eastern)					
	Palm Harbor, FL 34683  City, State, Zip Code						
	☐ Check here if address has changed	(3) ID Number: 926					
///		(3) ID Nulliber					
(4)	Check appropriate box(es):	Markey District 2 At Large					
	<ul><li></li></ul>	Member - District 3 - At Large					
		☐ 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					
		dentifiers					
Cove	er Period: From $9 / 1 / 2017$ To	9 / 30 / 2017 Report Type: M9					
X O	Original Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
		Monetary					
Cash	h & Checks \$ , , 000	Expenditures \$ , , 5 . 00					
Loor	<b>\$</b> 0.00	Towns forms As					
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$ , , 0 . 00					
Tota	al Monetary \$ , , 0 . 00	,,,					
10.6	, , ,	Total Monetary \$ , , 5 . 00					
In-Ki	ind \$ , , 0.00	,, ,, ,					
		(8) Other Distributions					
	1	\$,,,000					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
(3)	\$,4_, _54500_	\$ , , , 112 71_					
	, <u> </u>	, , , , , , , , , , , , , , , , , , , ,					
	(11) Cert						
	It is a first degree misdemeanor for any person						
I certify that I have examined this report and it is true, correct, and complete:							
(T	ype name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
Х		X					
	ignature	Signature					

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Carl Zimmermann (2) I.D. Number 926								
	9/1/2017 od///		9	/30/2017 ///	(4) Pag	e	of	
(5) Date (6) Sequence Number	(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)	(12) Amount	
/ /	Oity, Otate, 219 Oode	Турс	Cccupation	Турс	Description		Amount	
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name <u> </u>	Carl	Zimmermar	nn				 (2) I.D. Nun	nber	9	926	200
		9/1/201	7		9/30/2	017					
(3) Cover Pe	eriod	I	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
9/29/2017	Regions Bank, 33805 U.S. Highway 19 N. Palm Harbor, FL 34684	campaign account monthly fee	MO		\$5.00
1				0	
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