CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Emmanuel Swift	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	10601 Gandy Blvd. N.; #1210	Submitted on:								
	Address (number and street) St. Petersburg, FL 33702	6/7/2018 18:02:01 (eastern)								
•	City, State, Zip Code	<del></del>								
	☐ Check here if address has changed	(3) ID Number: 939								
(4)	Check appropriate box(es):									
	<ul> <li>☐ Candidate Office Sought: School Board Member - District 2 - At Large</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Check here if PC or ECO has disbanded</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> </ul>									
	(5) Report	Identifiers								
Cove	er Period: From 6 / 5 / 2018 To									
X Or	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Cash	n & Checks \$ , , 0 . <u>00</u>	Monetary Expenditures \$ , , , 0 . 01								
Loan	<del></del>	Transfers to Office Account \$ , , o . 00								
Total	Monetary \$,,,0 . 00	Total Monetary \$ , , 0 . 01								
In-Kii	nd \$,, <u>0</u> .00									
		(8) Other Distributions \$ , , 000_								
(9)	<b>TOTAL Monetary Contributions To Date</b> \$ , , _84770	(10) TOTAL Monetary Expenditures To Date \$ , , 847 70_								
<u>(Ty</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:  (Type name)    Individual (only for IE									
X		_X								
Sic	nature	Signature								

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Emmanuel Swift (2) I.D. Number 939							
(3) Cover Perio	6/5/2018 od////	thro	ough	/3/2018 ///	(4) Pag	e	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8)	(9) Contribution	(10) In-kind	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1							
J I							
1 1							
1 1							
1 1							
1 1							
J I							
J I							

DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name	manuel	Swif	t				 (2) I.D. Nun	nber	9	339	200
	6	/5/203	18		9/3/201	.8	**				
(3) Cover Per	riod	1	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
6/7/2018	Swift, Emmanuel 10601 Gandy Blvd N 1210 St Petersburg, FL 33702	payment to self	MO		\$0.01
1	St Petersburg, FL 33/02				
//					
//					
//					
//					
//					
//					
//					
DS-DE 14 (Rev.	11/13 }				