CAMPAIGN TREASUR	ER'S REPORT SUMMARY
(1) Bilan Joseph	OFFICE USE ONLY
Name	ONLINE SUBMISSION [1155236]
(2) 1321 58th St. S.	Submitted on:
Address (number and street)	5/21/2018 14:22:45 (eastern)
Gulfport, FL 33707 City, State, Zip Code	—— I
☐ Check here if address has changed	(3) ID Number: 946
	(b) 15 Humber.
(4) Check appropriate box(es): X Candidate Office Sought: School Board	l Member - District 7 - Single Member
Political Committee (PC)	Member - District / Single Member
☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded
Party Executive Committee (PTY)	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
	rt Identifiers
Cover Period: From $\frac{4}{2}$ / $\frac{1}{2018}$ To	o <u>4</u> / <u>30</u> / <u>2018</u> Report Type: <u>M4</u>
☐ Original ☐ Amendment ☐ S	pecial Election Report
(6) Contributions This Report	(7) Expenditures This Report
	Monetary
Cash & Checks \$, , , 000	Expenditures \$, , , 0 . 00
• • • • • • • • • • • • • • • • • • • •	
Loans \$,,, 0 . 00	Transfers to Office Account \$
Total Monetary \$, , 0 . 00	Office Account \$, , , 0 . 00
Total Monetary ,,,	Total Monetary \$, , 0 . 00
In-Kind \$, , 0.00	,,,
,,,	(8) Other Distributions
	\$,,000
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
\$	\$, , <u>548</u> . <u>17</u>
(11) Ce	I ertification
	rson to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, co	prrect, and complete:
(Type name)	(Type name)
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer	☐ Candidate ☐ Chairperson (only for PC and PTY)
or electioneering comm.)	
X	×
Signature	Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Bilan Joseph (2) I.D. Number 946						
	4/1/2018 od////		4/30/2018	(4) Pa	ge <u>1</u>	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)
4/30/2018 /	Wright, Bruce 3705 58th Ave. N. St., FL 33714	I	СН	-	Delete	\$18.0
4/30/2018 / /	Wright, Bruce 3705 58th Ave. N. St. Petersburg, FL 33714	I	СН		Add	\$18.0
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1 1						

) Name Bilan	Joseph	MIZED EXPENDITURES (2) I.D. Number 946			
) Cover Period _	4/1/2018 /throu	4/30/2018 gh/	(4) Page1	of _	0
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Mido Street Address & City, State, Zip Code	contribution	ought if n to a Expenditure	(10)	(11)
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