	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	Tom May	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION [1158749]					
(2)	811 Anchorage Lane	Submitted on:					
	Address (number and street)	6/29/2018 09:35:02 (eastern)					
	Palm Harbor, FL 34685	3,23,2323 3, 23 32 (2,2222 ,					
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number: 971					
(4)	Check appropriate box(es):						
		pon Spec. Fire Cont. Dist Seat 4					
	☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded					
		☐ Check here if PTY has disbanded					
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed					
	individual making electioneering communications)						
	(5) Report	t Identifiers					
Cove	• • •						
	er Period: From $\frac{6}{2}$ / $\frac{1}{2}$ / $\frac{2018}{2018}$ To						
X O	Original Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
		Monetary					
Casl	h & Checks \$, , <u>100</u> . <u>00</u>	Expenditures \$, , _25 . 00					
	c 0.00						
Loar	ns \$,, <u>0</u> .00	Transfers to Office Account \$					
T.4-	\$ 100 00	Office Account \$, , , 0 . 00					
lota	al Monetary \$, , <u>100</u> . <u>00</u>	Total Monetary \$. 25 . 00					
T . 12:	· · • • 0 00	Total Monetary \$, , _25 . 00					
In-Ki	ind \$,, <u>0</u> .00						
		(8) Other Distributions					
		\$,, <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$	\$, , <u>25</u> . <u>00</u>					
	(11) Cert It is a first degree misdemeanor for any perso	tification					
	-						
I certify that I have examined this report and it is true, correct, and complete:							
_(T	ype name)	(Type name)					
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)					
X		X					
Si	ignature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Tom May				2) I.D. Numbe	er g	71
	6/1/2018		6	/22/2018	//\ D	sz 1	of ¹
(3) Cover Peri	od/	thre	ougn	11	(4) Pag	je <u>-</u>	or _
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6)	Full Name (Last, Suffix, First, Middle)						
Sequence	Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code May, Tom	Type S	Occupation retired	Type CH	Description	Amendment	Amount \$100.0
6/21/2018	811 Anchorage Lane		recired	CII			Q100.0
1	Palm Harbor, Fl 34685						
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1 1	-						

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Tom May					(2) I.D. Number		971		
	(5/1/20	18		6/22/2	018				
(3) Cover Pe	riod	1	1	through	Ī	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
6/21/2018	Clark, Deborah 13001 Starkey Rd Largo, Fl 33773	candidate qualifying fee	МО		\$25.00
1				5	
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