CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Polk County Citizens for Single Memb	er Districts OFFICE USE ONLY							
, ,	Name								
(2)	3310 Fox Ridge Dr.								
	Address (number and street)								
	Winter Haven, FL 33884 City, State, Zip Code								
	_	(0) 17 N 1							
	Check here if address has changed	(3) ID Number:142							
(4)	Check appropriate box(es):								
	Candidate Office Sought:								
	☒ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded							
	Party Executive Committee (PTY)	☐ Check here if PTY has disbanded							
		☐ Check here if no other IE or EC reports will be filed							
	individual making electioneering communications)								
(5) Report Identifiers									
Cove	er Period: From $\frac{4}{2}$ / $\frac{1}{2}$ / $\frac{2019}{201}$ To	4 / 30 / 2019 Report Type: M4							
X O	riginal Amendment Sp	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Cash	n & Checks \$, , 100 . 00	Monetary Expenditures \$, , 0 . 00							
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to							
	ф 100 00	Office Account \$, , 0 . 00							
Tota	I Monetary \$, , <u>100</u> . <u>00</u>	Total Monetary \$. 0 . 00							
L 12:	\$ 0.00	Total Monetary \$, , , 0 . 00							
In-Ki	nd \$, , , 0 . <u>00</u>	(8) Other Distributions							
		(8) Other Distributions \$, , 000_							
		, <u> </u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$,, <u>150</u> . <u>00</u>	\$, , <u>0</u> . <u>00</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) (Type name)									
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
	electioneering comm.)								
X	x x								
Sig	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Polk County	Citize	ns for Singl	e Membe	er Dis (2) ၂.၀. Number		142	
	4/1/2019			4/30/					
(3) Cover Perio	d /	1	through	1	1	(4) Page	1	of	1

(3) Cover Ferri	ou			' '	(4) Fa(ge	01"
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
4/16/2019 / /	Reed, Jean S 27 Lake Eloise Ln Winter Haven, FL 33884	Î	retired	СН			\$50.0
4/16/2019 / /	Eaddy, Ruth A 410 West Main Street Lake Hamilton, FL 33851	I	retired	СН			\$50.00
<i>J J</i>							
1 1							
1 1							
f I							
f I							
1 1							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name Polk County Citizens for Single Member District(2) I.D. Number									
	4/1/2019 /through_	4/30/2019		12	0				
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose (add office sought if	(9)	(10)	(11)				
Sequence Number	Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amount				
//									
//									
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//									
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