	CAMPAIGN TREASURE	R'S REPORT SUMMARY				
(1)	Grant Maloy	OFFICE USE ONLY				
	Name	ONLINE SUBMISSION				
(2)	4875 Gabriella Lane	Submitted on:				
	Address (number and street)	1/8/2017 21:49:13 (eastern)				
	Oviedo, FL 32765					
	City, State, Zip Code					
	Check here if address has changed	(3) ID Number:297				
(4)	Check appropriate box(es):					
		Circuit Court and Comptroller				
	<ul><li>☐ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	☐ 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	dentifiers				
Cove	er Period: From 11 / 4 / 2016 To					
		ecial Election Report				
		T				
(6)	Contributions This Report	(7) Expenditures This Report				
01	\$ 100 00	Monetary Expenditures \$ , , 0 . 00				
Casi	h & Checks \$ , , <u>100</u> . <u>00</u>	Expenditures \$ , , 0 . 00				
Loar	ns \$ , , 0.00	Transfers to				
		Office Account \$ , , 0 . 00				
Tota	ıl Monetary \$ , , 100 . 00					
		Total Monetary \$ , , 0 . 00				
In-Ki	ind \$ , , 0.00					
		(8) Other Distributions				
		\$,, <u>0</u> . <u>00</u>				
(0)	TOTAL Manual Contributions To Date					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
	\$, <u>40</u> , <u>060</u> . <u>00</u>	\$, <u>40</u> , <u>060</u> . <u>00</u>				
	(11) Cert	tification				
	It is a first degree misdemeanor for any person					
Ιc	certify that I have examined this report and it is true, corre	ect, and complete:				
(Type name) (Type name)						
	ype name)  Individual (only for IE  Treasurer Deputy Treasurer	Candidate Chairperson (only for PC and PTY)				
	electioneering comm.)					
х		X				
	gnature	Signature				

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Grant Maloy				2) I.D. Numbe	er	97
	11/4/2016		2	/6/2017			
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Pag	je	of
		T		Y .		T :	
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &		ontributor	Contribution	In-kind		# CONTROL CONT
Number	City, State, Zip Code Seminole County,	Туре	Occupation	Type RE	Description	Amendment	Amount \$100.0
12/2/2016	1101 East First St.	0		KE			\$100.0
1 1	Sanford, FL 32705						
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1							
	70						
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1 1	<u>.</u>						
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1 1	P						
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name Grant	t Maloy					_ (2) I.D. Nun	nber		297	
	11/4/2	2016		2/6/201	7					
(3) Cover Period	I	1	through	1	1	(4) Page	1	of	1	

(5) Date	(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
12/5/2016	Maloy, Grant 4875 Gabriella Ln. Oviedo, FL 32765	repayment of loan to candidate	DI		\$519.84
1	0.1200, 12 02.00	canarade			
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