	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Michael Elzie Newman	OFFICE USE ONLY						
( · /	Name	ONLINE SUBMISSION						
(2)	10144 Newman Whitehead Rd	[1155757]						
	Address (number and street)	Submitted on: 6/4/2018 14:55:47 (eastern)						
	Salem, FL 32356							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:155						
(4) Check appropriate box(es):								
	Candidate Office Sought: County Commis	sion - District 3						
	Political Committee (PC)	Check have if DO as EOO have dishearded						
	<ul><li>☐ Electioneering Communications Org. (ECO)</li><li>☐ Party Executive Committee (PTY)</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	Identifiers						
Cove								
<u> </u>	riginal Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Casł	n & Checks \$ , , , 000	Monetary						
Loar	s , , ,	Transfers to Office Account \$ , , 0 . 00						
Tota	I Monetary \$ , , , 000	Total Monetary \$ , , 545 . 70						
In-Ki	nd \$ , , 32.00	<del></del>						
		(8) Other Distributions						
		\$, ,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$, <u>4</u> , <u>400</u> . <u>70</u>	\$, <u>2</u> , 991 . 31						
	(11) Cert It is a first degree misdemeanor for any pers	tification on to falsify a public record (ss. 839.13, F.S.)						
Ιc	ertify that I have examined this report and it is true, corr	, , ,						
	(T )							
	ype name) Individual (only for IE  Treasurer Deputy Treasurer electioneering comm.)	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		X						
	gnature	Signature						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Michael Elzie Newma	n			2) I.D. Numbe	er <u>1</u>	55
	5/1/2018		5	/31/2018		1	1
(3) Cover Perio	od///	thro	ough	<i>l l</i>	(4) Pag	e <u> </u>	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
5/9/2018	Newman, Michael E 10144 Newman Whitehead Rd Salem, FL 32356	Î		IK	fuel		\$32.0
1							
f 1							
1 1							
1 1							
/ /							
f I							
/ /							
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name	Michael	Elzie	Newm	an			 (2) I.D. Num	ber	1	L55	30
	Ţ	5/1/20	18		5/31/2	018					
(3) Cover Po	eriod	1	1	through	1	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
5/18/2018	The Print Shop of Chiefland, 224 N. Main St Chiefland, FL 32626	signs	MO		\$353.10
5/26/2018	The Print Shop of Chiefland, 224 N. Main St. Chiefland, FL 32626	signs	МО		\$192.60
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