	CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Rhoda Ann Moehring	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	P O Box 609	Submitted on:							
	Address (number and street) Steinhatchee, FL 32359	6/11/2018 13:46:00 (eastern)							
	City, State, Zip Code	<del></del>							
	Check here if address has changed	(3) ID Number: 164							
(4)	Check appropriate box(es):								
	<ul> <li>☐ Candidate Office Sought: County Commission - District 3</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>								
	(5) Report	Identifiers							
Cove	er Period: From 6 / 1 / 2018 To	6 / 11 / 2018 Report Type: TRP							
X O	riginal Amendment Spo	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$ ,1 , <u>500</u> . <u>00</u>	Monetary							
Loar		Transfers to Office Account \$ , , , 0 . 00							
Tota	I Monetary \$ ,1 , <u>500</u> . <u>00</u>	Total Monetary \$ ,1 , <u>500</u> . <u>00</u>							
In-Ki	nd \$ , , , 4 . <u>90</u>								
		(8) Other Distributions \$ , , 000_							
(9)	(9) TOTAL Monetary Contributions To Date \$,1_,50000								
(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)  Individual (only for IE    Deputy Treasurer									
X		X Signature							
51	gnature	Signature							

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

(1) Name Rhoda Ann Moehring (2) I.D. Number							
(3) Cover Perio	6/1/2018 od///	through	6/11/2018 //	(4) Page	e <u>1</u>	of _1	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)	(9)	(10)	(11)	(12)	

(5) Date	(7) Full Name	(8)		(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)						
Sequence Number	Street Address & City, State, Zip Code	Contributor Type Occupation		Contribution Type	In-kind Description	Amendment	Amount
6/11/2018	Moehring, Rhoda Anr 715 Riverside Dr SE Steinhatchee, FL 32359		retired	CA			\$1,500.00
1							
6/11/2018	Moehring, Rhoda Anr 715 Riverside Dr SE Steinhatchee, FL 32359	ı I	retired	IK	verificati on of petitions		\$4.90
2							
1 1							
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1 1							
DS DE 42 /Pov. 44/4		Market State of the State of th		20.20210	AND CODE VAL	3120 <u>5</u> -888	

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

(1) Name _F	Rhoda	Ann	Moeh	ıring				 (2) I.D. Nun	nber	1	164	
		6/1	/201	8		6/11/2	2018		-			
(3) Cover Po	eriod		1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
6/11/2018	Moehring, Rhoda Ann 715 Riverside Dr SE Steinhatchee, FL 32359	closing campaign account	MO		\$1,500.00
1	beermacence, 11 32337	account			
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DS-DE 14 (Rev.	11/13 \		- V	5x	)M