

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Robert Ford  
Name

(2) 4876 Halifax Drive  
Address (number and street)

Port Orange, FL 32127  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1151891]

Submitted on:  
4/4/2018 12:53:25 (eastern)

Check here if address has changed

(3) ID Number: 468

(4) Check appropriate box(es):

- Candidate Office Sought: Port Orange Council District 1
- 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
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 3 / 1 / 2018 To 3 / 31 / 2018 Report Type: M3

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,      , 150 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 150 . 00

In-Kind \$      ,      , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$      ,      , 273 . 06

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 273 . 06

### (8) Other Distributions

\$      ,      , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$      , 15 , 150 . 00

### (10) TOTAL Monetary Expenditures To Date

\$      ,      , 273 . 06

### (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 or electioneering comm.)  Treasurer  Deputy Treasurer

**X** \_\_\_\_\_  
Signature

(Type name) \_\_\_\_\_

Candidate  Chairperson (only for PC and PTY)

**X** \_\_\_\_\_  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Robert Ford (2) I.D. Number 468  
 (3) Cover Period 3/1/2018 through 3/31/2018 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
3/24/2018 / /	Angelone, Alan R 6415 Longlake Dr. Port Orange, FL 32128	I	retired	CH			\$150.00
1							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Robert Ford

(2) I.D. Number 468

(3) Cover Period 3/1/2018 through 3/31/2018

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
3/12/2018 //	Port Orange Community Trust, City Center Blvd. Port Orange, Fl 32128	rent booth	MO		\$100.00
1					
3/12/2018 //	Lithocraft Printing, 4460 Ridgewood Ave. Port Orange, Fl 32127	election materials: cards	MO		\$173.06
2					
//					
//					
//					
//					
//					
//					
//					