

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Michael Politis
 Name

(2) 2632 S. Peninsula Drive
 Address (number and street)

Daytona Beach Shores, FL 32118
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1175803]

Submitted on:
 10/12/2018 11:41:07 (eastern)

Check here if address has changed

(3) ID Number: 469

(4) Check appropriate box(es):

- Candidate Office Sought: Daytona Beach Shores Council Seat 4
- 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 9 / 29 / 2018 To 10 / 5 / 2018 Report Type: G4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 17 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 17 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 2 , 350 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 2 , 237 . 79

(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 Michael Politis (2) I.D. Number 469

9/29/2018 through 10/5/2018

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Michael Politis

(2) I.D. Number 469

(3) Cover Period 9/29/2018 through 10/5/2018

(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					
10/1/2018 //	Bank of America, P.O. Box 15284 Wilmington, DE 19850	monthly service fee for checking account	MO	Add	\$17.00
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