

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

☐ Check here if address has changed

(3) ID Number: 469

OFFICE USE ONLY

ONLINE SUBMISSION

[1172306]

Submitted on:

9/11/2018 10:31:12 (eastern)

(4) Check appropriate box(es):

☒ Candidate Office Sought: Daytona Beach Shores Council Seat 4

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 7 / 28 / 2018 To 8 / 3 / 2018 Report Type: P5

☐ 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 , 100 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 1 , 972 . 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
7/28/2018 8/3/2018
 (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
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Michael Politis

(2) I.D. Number 469

(3) Cover Period 7/28/2018 through 8/3/2018

(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
8/1/2018 / / 1	Bank of America, P.O. Box 15284 Wilmington, DE 19850	monthly service fee for checking account	MO	Add	\$17.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					