CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Michael Chuven	OFFICE USE ONLY							
, ,	Name	ONLINE SUBMISSION [1164081]							
(2)	407 Miriam Ave.	Submitted on:							
	Address (number and street)	8/1/2018 01:29:27 (eastern)							
	Holly Hill, FL 32117								
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 508							
(4)	Check appropriate box(es):								
	<ul> <li>☐ Candidate Office Sought: Holly Hill Mayor</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 7 / 21 / 2018 To	7 / 27 / 2018 Report Type: P4							
		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Cash	n & Checks \$ , , <u>800</u> . <u>00</u>	Monetary							
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$ , , , 0 . 00							
Tota	I Monetary \$ , , <u>800</u> . <u>00</u>	Total Monetary \$ ,1 , <u>767</u> . <u>48</u>							
In-Ki	nd \$ , , 0 . <u>00</u>								
		(8) Other Distributions \$ , , 000_							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>3</u> , <u>420</u> . <u>00</u>	\$, <u>2</u> , <u>944</u> . <u>97</u>							
_(T)	(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)  (Type name)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
X		X							
Si	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Michael Chuven				2) I.D. Numbe	er	808
	7/21/2018		7	/27/2018			
(3) Cover Perio	od / /	thre	ough	<i>l l</i>	(4) Pag	je <u>1</u>	of
		T		Y .	T		
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)			_			
Sequence	Street Address &		ontributor	Contribution	In-kind	1/8/10/20/20/20/4/20/20/20/20/20/20/20/20/20/20/20/20/20/	<b>8</b>
Number	City, State, Zip Code Chuven, Karen	Type	Occupation counselor	Type CH	Description	Amendment	Amount \$800.0
7/26/2018	407 Miriam Ave	-	Counselor	CII			\$000.0
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Michae	e Michael Chuven					ber	Į.	508	
	7/21/2	018	7/27/2	018					
(3) Cover Period	1	1	through /	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
7/25/2018	Office Depot, 1560 S. Nova Rd Daytona Beach, FL 32117	labels	MO		\$45.66
7/26/2018	Speedi Sign, 421 Ridgewood Ave Holly Hill, Fl 32117	signs	МО		\$388.23
7/26/2018	USPS, 231 7th Street Holly Hill, Fl 32117	stamps	МО		\$1,014.35
7/26/2018	Dolphin Printing, 1501 Ridgewood Avenue Holly Hill, Fl 32117	postcards	МО		\$319.24
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