	CAMPAIGN TREASURE	R'S REPORT SUMMARY								
(1)	Michael Kolody	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION [1165269]								
(2)	105 Via Capri	Submitted on:								
	Address (number and street) New Smyrna Beach, FL 32169	8/4/2018 01:54:35 (eastern)								
	City, State, Zip Code	<del></del>								
	☐ Check here if address has changed	(3) ID Number: 563								
(4)	Check appropriate box(es):									
	Candidate Office Sought: New Smyrna Beach Commission Zone 1  Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications)  New Smyrna Beach Commission Zone 1  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								
Cov	rer Period: From 7 / 28 / 2018 To	8 / 3 / 2018 Report Type: P5								
		ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
	h & Checks \$ , 2 , <u>650</u> . <u>00</u>	Monetary								
Loar		Transfers to Office Account \$ , , 0 . 00								
Tota	al Monetary \$,2 , 650 . 00	Total Monetary \$ , , 0 . 00								
In-K	ind \$,, <u>0</u> . <u>00</u>									
		(8) Other Distributions \$ , , 000_								
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc									
(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)    Individual (only for IE									
X		X								
Si	ignature	Signature								

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

(1) Name	Michael Ko	olody	<del>,</del>			(2	2) I.D. Number _		563		
	7/28/	/2018			8/3/2	2018					
(3) Cover Peri	od /		1	through	1	7	(A) Page	1	of	1	

WE)		7	<b>V</b> 0\	(40)	~1.0	(4.1)	<b>44.0</b> 00
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	_	ontributor	Contribution	In-kind		
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount
Number	Brantley, Carl		retired	СН	Description		\$1,000.00
7/28/2018	436 Quay Assisi NEW sMYRNA bEACH, FL 32169	_		0.12			, _ ,
1							
7/30/2018	Dougherty, Kevin 2700 N. Peninsula Ave New Smyrna Beach, FL 32169	I	chiropract ic physician	CH			\$200.00
2							
7/30/2018	Wilton, Larry W 1400 N. Peninsula Ave. New Smyrna Beach, FL 32169	I	retired	СН			\$200.00
3							
7/31/2018	Hughes, Clyde (Skip) 137 Via Capri New Smyrna Beach, FL 32169	I	retired	СН			\$200.00
4							
8/3/2018 / /	Herman, W Randolph L 108 Ester Street New Smyrna Beach, Fl 32169	I		СН			\$50.00
8/3/2018	Fritz, Darlene PO Box 606 Center Harbor, NH 03226	I	business owner	СН			\$1,000.00
6							
1 1							
1 1							

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Mich			EASURER S RE	PORT - ITEM		Number		563	30
(3) Cover Period	7/28/2 I/	018	8/3/ through/	/2018 //	(4) Pag	e1	of_	0	_
(5)		C	7)	(8)		(9)	(10)	(11)	

(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
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DS DE 1/ /Pov					