

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MICHAEL KOLODY
Name

(2) 105 VIA CAPRI
Address (number and street)
NEW SMYRNA BEACH, FL 32169
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY
RECEIVED
OFFICE OF THE CITY CLERK
DATE 6-4-2018

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: NEW SMYRNA BEACH ZONE 1 COMMISSIONER

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 05101118 To 05131118 Report Type: 2018 M5

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ . 0

Loans \$ _____ . 0

Total Monetary \$ _____ . 0

In-Kind \$ _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 83.87

Transfers to Office Account \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , 83.87

(8) Other Distributions
\$ _____ , _____ , ~~113.80~~

(9) TOTAL Monetary Contributions To Date
\$ _____ , _____ , 1,000.00

(10) TOTAL Monetary Expenditures To Date
\$ _____ , _____ , 113.80

(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:

<p>(Type name) <u>MARY LOU KOLODY</u></p> <p><input type="checkbox"/> Individual (only for IE or electioneering comm.) <input checked="" type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p>X <u>Mary Lou Kolody</u> Signature</p>	<p>(Type name) <u>MICHAEL KOLODY</u></p> <p><input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC and PTY)</p> <p>X <u>Michael Kolody</u> Signature</p>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MICHAEL KOLODY (2) I.D. Number _____

(3) Cover Period 05 / 01 / 18 through 05 / 31 / 18 (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
/ /	None						
/ /							
/ /							
/ /							
/ /							

ORIG

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name MICHAEL KOLODY

(2) I.D. Number _____

(3) Cover Period 05/01/18 through 05/31/18

(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					
05/07/18	GO DADDY.COM 14455 N. HAYDEN RD SUITE 219 SCOTTSDALE, AZ 85260	WEBSITE	CAN		83.87
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