

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MICHAEL KOLODY
Name

(2) 105 VIA CARRI
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 6/29/2018
Kom

(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 06/01/18 To 06/22/18 Report Type: P1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 50.00

Loans \$ _____, _____, 0.00

Total Monetary \$ _____, _____, 50.00

In-Kind \$ _____, _____, 0.00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 189.56

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, 189.56

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 1,050.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 303.36

(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) MARY LOU KOLODY

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X *Mary Lou Kolody*
Signature

(Type name) MICHAEL KOLODY

Candidate Chairperson (only for PC and PTY)

X *Michael Kolody*
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name MICHAEL KOLODY

(2) I.D. Number _____

(3) Cover Period 6/1/18 through 6/21/18

(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
6/4/18	GO DADDY.COM 14455 N. HAYDON RD. SUITE 219 SCOTTSDALE, AZ 85260	WEBSITE	CAN		8.17
001					
6/20/18	CITY OF NEW SMYRNA BEACH 210 SAMS AVE NEW SMYRNA BEACH 32168	CANDIDATE STATE ASSESSMENT FEE	CAN		167.39
002					
6/10/18	VOLUSIA COUNTY	PETITION FEE & DATA DISK	CAN		14.00
003					
1/1					
1/1					
1/1					
1/1					
1/1					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 6 / 1 / 18 through 6 / 22 / 18 (4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8)		(9)	(10)	(11)	(12)
			Contributor Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
6, 18, 18	001	AKIN, THOMAS, G 805 E. 15TH AVE N 513 371 69	1		CHE			50.00
1 / 1								
1 / 1								
1 / 1								
1 / 1								
1 / 1								
1 / 1								