

## 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

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate Office Sought: NEW SMYRNA BEACH ZONE 1 COMMISSIONER
- Political Committee (PC)
- Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)  Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

OFFICE USE ONLY  
RECEIVED  
OFFICE OF THE CITY CLERK  
DATE 7-12-2018

### (5) Report Identifiers

Cover Period: From 06/23/18 To 07/06/18 Report Type: P2

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 \$ \_\_\_\_\_, \_\_\_\_\_, 0.00

Transfers to Office Account \$ \_\_\_\_\_, \_\_\_\_\_, 0.00

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 0.00

### (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 CONTRIBUTIONS**

(1) Name MICHAEL KOLDOY (2) I.D. Number \_\_\_\_\_

(3) Cover Period 06 123 118 through 07 106 118 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
/ /	NONE						
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name MICHAEL KOLODY

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 06/23/18 through 07/06/18

(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					
/ /	NONE				
/ /					
/ /					
/ /					
/ /					
/ /					