

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Campaign to elect Gina Perez-Calhoun

Name

(2) 12397 S Orange Blossom TRL #103

Address (number and street)

Orlando, FL 32837-6217

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

(4) Check appropriate box(es):

Candidate Office Sought: County Commission District 4

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 03 / 01 / 2018 To 03 / 31 / 2018 Report Type: M3

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 220 . 00

Loans \$ _____ , _____ , 300 . 00

Total Monetary \$ _____ , _____ , 520 . 00

In-Kind \$ _____ , _____ , 900 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 385 . 77

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 385 . 77

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 5 , 832 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 1 , 736 . 42

(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)

Gina R Perez Calhoun
 Individual (only for IE or electioneering comm.)
 Treasurer
 Deputy Treasurer

(Type name)

Gina R Perez Calhoun
 Candidate
 Chairperson (only for PC and PTY)

[Signature]
Signature

[Signature]
Signature