CAMPAIGN TREASURE	CAMPAIGN TREASURER'S REPORT SUMMARY						
Name (2) Name Address (number and street) City, State, Zip Code Check here if address has changed	CLERK 04NOV'16 PM 2:35						
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						
	Identifiers						
Cover Period: From 10123 115 To							
☐ Original ☐ Amendment ☐ Spe	ecial Election Report						
(6) Contributions This Report Cash & Checks \$	(7) Expenditures This Report Monetary Expenditures \$, 330,36						
Total Monetary \$,	Transfers to Office Account \$,, Total Monetary \$.						
In-Kind \$,						
	(8) Other Distributions \$,						
(9) TOTAL Monetary Contributions To Date \$ _3	(10) TOTAL Monetary Expenditures To Date \$						
(11) Certification It is a first degree misdemeanor for any person to faisify a public record (ss. 839.13, F.S.) I certify that I have examined this report and it is true, correct, and complete: (Type harpe) (Type harpe) A Complete:							
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
3ignature -	Signature						
DS-DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS						

1) Name CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name										
(3) Cover Period 10 1 24/6 through 11 3 1 16 (4) Page 1 of 1										
(5) Date (6) Sequence Number	(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					
1013116 Seq1	Fruit Abouted	SOCIAL made MRXTS	CAN		30,36					
(CAU) E	Contastaszu	SA BADU								
10131/16 Cean	PANK ASSOURING 1134 KETCH LU VENKCFC	LOAS Repaymen	DIS		300					
11:										
//										
//										
//										
//										

CAMPAIGN TREASURER'S REPORT -ITEMIZED

NAME:

Frankie S. Abbruzzino

id #:

Cover

Period

10.22.16

thorugh

11.3.16

date	full name, address, City,	contribUtor	type	cont.	in-kind			
Seq#	and zip	& occupation		Туре	description	amendment	am	ount
							\$	-
		1		CHE			\$	-
							\$	-
							\$	_
							\$	_
						TOTAL	\$	-
						CARRY OVER	\$	2,670.00
						IN KIND		
				1		CARRY OVER	\$	1,000.00
						TOTAL		
						DONATIONS		
						(MONEY &	i	
						IN KIND)	\$	3,670.00
	·.					TOTAL		
						EXPENSES	\$	1,838.15
						BANK		
						BALANCE	\$	831.85

Giving money to these

two charities:

Good Sameritan Health

care

500

Loveland Center

331.85