

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) FRED FRAIZE
Name

(2) 729 MISTY PINE DR.
Address (number and street)

VENICE FL. 34292
City, State, Zip Code

OFFICE USE ONLY

CLERK 21OCT'15 PM 3:29

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: VENICE CITY COUNCIL SEAT 3
- 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

(5) Report Identifiers

Cover Period: From 10 1 03 1 15 To 10 1 16 1 15 Report Type: G1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 850 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . 00

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 850 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 855 . 88

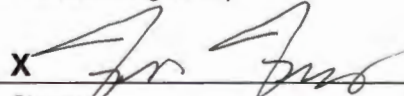
(11) Certification

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:

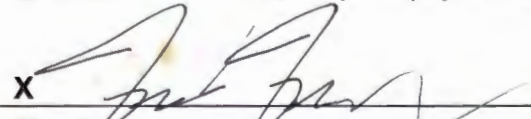
(Type name) FRED FRAIZE

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

X  _____
Signature

(Type name) FRED FRAIZE

Candidate Chairperson (only for PC and PTY)

X  _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name FRED FRAIZE (2) I.D. Number _____

(3) Cover Period 10 / 03 / 15 through 10 / 16 / 15 (4) Page 1 of _____

(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
9 / 30 / 15 1	TIM T. FRAIZE PATRICIA J FRAIZE 89 WALDEN POND DR NASHUA NH. 03064	I	MANAGER	CHE			\$100.00
10 / 5 / 15 2	MARYANN R. LONGLEY 746 CONNEMARA CT VENICE, FL 34292	I	RETIRED	CHE			\$50.00
10 / 11 / 15 3	STEPHEN F. WALLACE 1820 PINE NEEDLE RD. VENICE FL, 34285	I	RETIRED	CHE			\$50.00
10 / 6 / 15 4	TOM LAIRD HOLLY LAIRD 1312 WHISPERING LN. VENICE FL. 34285-6448	I	SCHOOL DIST	CHECK			\$100.00
10 / 6 / 15 5	WILLIAM B. FAIRBANK 1137 PINE BANK WAY VENICE, FL 34285	I	RETIRED	CHECK			\$50.00
10 / 12 / 15 6	KATHLEEN N. LIEBERMAN 1351 BROOKSIDE DR VENICE FL. 34285	I	RETIRED	CHECK			\$100.00
10 / 12 / 15 7	RICHARD D. KAUER 703 APALACHICOLA RD. VENICE FL	I	RICHARD D. KAUER 703 RETIRED	CHECK			\$160.00

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name FRID FRAIZ (2) I.D. Number _____

(3) Cover Period 10 / 03 / 15 through 10 / 16 / 15 (4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11)	(12)
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
10, 5, 15	JOANN MOLK 360 OTTER CREEK DR. VENUE FL.	I	RETIRED	CHEK			\$100. ⁰⁰
8							
10, 8, 15	STEVE TROMBETA 421 DORNING DR. VENUE FL. 3989L	I	RETIRED	CHEK			\$100. ⁰⁰
9							
1 1							
1 1							
1 1							
1 1							
1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name FRED FRAILE (2) I.D. Number _____

(3) Cover Period 10 103 115 through 10 116 115 (4) Page 1 of _____

(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
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