

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Charles R. Newsom
Name

(2) 1362 Brenner Park Drive
Address (number and street)

Venice, FL 34292
City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- | | |
|--|--|
| <input checked="" type="checkbox"/> Candidate Office Sought: _____ | <input type="checkbox"/> Check here if PC or ECO has disbanded |
| <input type="checkbox"/> Political Committee (PC) | <input type="checkbox"/> Check here if PTY has disbanded |
| <input type="checkbox"/> Electioneering Communications Org. (ECO) | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Party Executive Committee (PTY) | |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | |

(5) Report Identifiers

Cover Period: From 10/1/17 To 10/6/17 Report Type: g1

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks	\$	_____	,	_____	.	<u>506.00</u>
Loans	\$	_____	,	_____	.	_____
Total Monetary	\$	_____	,	_____	.	<u>506.00</u>
In-Kind	\$	_____	,	_____	.	_____

(7) Expenditures This Report

Monetary Expenditures	\$	_____	,	_____	.	_____
Transfers to Office Account	\$	_____	,	_____	.	_____
Total Monetary	\$	_____	,	_____	.	_____

(8) Other Distributions
\$ _____

(9) TOTAL Monetary Contributions To Date
\$ _____, 12,200.00

(10) TOTAL Monetary Expenditures To Date
\$ _____, 7,734.49

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

Betty L. Newsom
Signature

(Type name) Charles R. Newsom
 Candidate Chairperson, (only for PC and PTY)

Charles R. Newsom
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Charles Newsom (2) I.D. Number _____

(3) Cover Period 10 1 1 17 through 10 16 1 17 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
101 2 1 17	CLARK JWEIGHT DMD, PA 4140 Woodmere PARK BLVD Venice	B	Dentist	CHK		Add	\$100 ⁰⁰
1							
101 3 1 17	John & June SULLIVAN 256 Pensacola Rd Venice 34285	I	Retired	CHK		Add	400⁰⁰ 200⁰⁰ 200 ⁰⁰
2							
101 3 1 17	KIM LISA STEPHEN BRATTSTEVENS 444 DARLING RD Venice, FL 34285	I	Realtor	CHK		Add	\$100 ⁰⁰
3							
101 4 1 17	HELEN MOORE 555 THE ESPLANADE #502 Venice FL	I	Real Estate Agent	CHK		Add	4100 ⁰⁰
4							
1 1							
1 1							
1 1							