

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) FRED FRAIZE

Name
(2) 709 MISTY PINE DR.

Address (number and street)
VENICE FL. 34292

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

SEP 24 11:24

(4) Check appropriate box(es):

Candidate Office Sought: VENICE CITY COUNCIL SEAT 3

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 9 / 15 / 18 To 9 / 28 / 18 Report Type: G3

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 950.00

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 239.98

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 1,450.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 239.98

(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]
Signature

(Type name) FRED FRAIZE

Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 9 / 15 / 18 through 9 / 28 / 18 (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
9/24/18, 1	BRUCE FEIKDEN 285 MARTELL AVE DR, N. VENICE FL. 34275	I	RETIRED	CHE			\$200.00
9/24/18, 2	CONTROL GROWTH NOW PO BOX 277 OSPREY FL. 34229	O	NON PROFIT	CHE			\$300.00
9/27/18, 3	LEW & ELSIE STUMP 705 MISTY PINE DR, VENICE FL. 34292	I	RETIRED	CHE			\$100.00
9/28/18, 4	DEBORAH & DONALD ANDERSON 500 VERDE VENICE FL.	I	RETIRED	CHE			\$200.00
9/28/18, 5	EDWIN W. MARTIN 409 EVERGLADES DR, VENICE FL.	I	RETIRED	CHE			\$250.00
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1							

INSTRUCTIONS FOR CAMPAIGN TREASURER’S REPORT – ITEMIZED CONTRIBUTIONS

- (1) Candidate’s full name or name of the political committee (PC), electioneering communications organizations (ECO) or party executive committee (PTY).
- (2) The identification number assigned by the filing officer.
- (3) Cover period dates (e.g., 1/1/15 through 1/31/15). (See filing officer’s reporting dates calendar for appropriate year and cover periods.)
- (4) Page numbers (e.g., 1 of 3).
- (5) Date contribution was RECEIVED (Month/Day/Year).
- (6) **Sequence Number** – Each detail line shall have a sequence number assigned to it. Sequence numbers are to be assigned within each reporting period and for each type of detail line. Thus the report type, detail line type, and sequence number will combine to uniquely identify a specific contribution, expenditure, distribution or fund transfer. This method of unique identification is required for responding to requests from the filing officer and for reporting amendments.
 For example, a M1 report having 75 contributions would use sequence numbers 1 through 75. The next report (M2), comprised of 40 contributions would use sequence numbers 1 through 40. Contributions on amended M1 reports would begin with sequence number 76 and on amended M2 reports would begin with sequence number 41. See the *Amendment Type* instructions below.
- (7) Type full name and address of contributor (including city, state and zip code).
- (8) Enter the type of contributor using one of the following codes:
 Occupation of contributor for **contributions over \$100 only**. (If a business, please indicate nature of business.)

I	Individual	
B	Business	(also includes corporations, organizations, groups, etc.)
E	Electioneering Communications Organizations	
F	Political Committee	(federal or state)
P	Political Parties	(includes federal, state and county executive committees)
O	Other	(e.g., candidate surplus funds to party, etc.)
S	Candidate to Self	

- (9) Enter Contribution Type using one of the following codes:
NOTE: Cash includes cash and cashier’s checks.

Code	Description
CAS	Cash or Cashier’s Check
CHE	Check
COF	Carryover Funds from Previous Campaign
INK	In-Kind
INT	Interest
LOA	Loan
MO	Money Order
MUC	Multiple Uniform Contributions
RCT	Other Receipts
REF	Refund (Negative Amount Only)

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name FRED FRAIZE (2) I.D. Number _____
 (3) Cover Period 9/15/18 through 9/28/18 (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
9/26/18	FRAIZE MIC STELLA L. 709 MISTY PINE DR. VENICE CA. 90292	PURCHASE OF SLIMS FROM VISTA PRINT 18" x 27"	RMB		\$239.98
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