CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) FRED FRAIZE	OFFICE USE ONLY				
Name 109 MISTY PINE DR. Address (number and street) LNICE FL. 34191	OCT 15'18 12:18				
City, State, Zip Code Check here if address has changed (4) Check appropriate box(es): Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications)	(3) ID Number: CITY COUNCIL SEAT 3 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 $\frac{9}{19}$ / $\frac{19}{18}$ To	10 05 18 Report Type: 64				
☐ Original ☐ Amendment ☐ Spe	ecial Election Report				
(6) Contributions This Report Cash & Checks \$,, /ppvv	(7) Expenditures This Report Monetary Expenditures \$,, 374.99				
Loans \$,, Total Monetary \$	Transfers to Office Account \$, , , , .				
Total Monetary \$,, In-Kind \$,,	Total Monetary \$, ,				
	(8) Other Distributions \$, , 333				
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)					
Type name) FN3D FRA/3E Individual (only for IE Treasurer Deputy Treasurer or electioneering comp.)	(Type name) FRED FRAJZÉ Candidate Chairperson (only for PC and PTY) Signature				

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	FRED FRAIDE	(2) I.D. Number					
(3) Cover Period 9 / 39 / 18 through 10 / 65 / 18 (4) Page of							
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)	(9)	(10)	(11)	(12)	
Sequence Number	Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount	
10,05,118	HAROLD R. MORRELL SHEILA M. MORRELL 652 MISTY PINE DR. 34891	I RETIRED				\$ 100.00	
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	FRED FRAIZE	(2) I.D. Number	r	
(3) Cover Perio	od 9 / 19 / 18 through 10	105/18	4) Page	of _	/
(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)	(11)
10 /5 /1/6	FRAIDE MS STANA K. 909 MINSTY PINE DR. VENILE FL. 34594	SHIPPINI COSS	RMB		24.59
10/5/11	FRAME MS STENLA L. 709 MIST, PINE DR. VENICE FD. 34596	ROBO CALLS	RMB		350.00
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