

## 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

OFFICE USE ONLY

OCT 23 '18 8:31

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)

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 10 / 13 / 18 To 10 / 19 / 18 Report Type: 66

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

In-Kind \$ \_\_\_\_\_ 40.00

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ 0

Transfers to Office Account \$ \_\_\_\_\_ 0

Total Monetary \$ \_\_\_\_\_ 0

### (8) Other Distributions

\$ \_\_\_\_\_ 0

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ 1,590.00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ 614.97

### (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 FRAJE (2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 13 / 18 through 10 / 19 / 18 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
10 / 17 / 18	RAFFERTY MR. MIKE 985 CAYMAN EAST VENICE FL. 34285	I	RETIRED	INK	LEAFLETS		\$40.00
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name FRED FRAIZE

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 13 / 18 through 10 / 19 / 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
(6) Sequence Number					
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