

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Margaret "Peggi" Smith
Name
(2) 6758 Madison
Address (number and street)
Milton FL 32570
City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed

(3) ID Number: 443

(4) Check appropriate box(es):

- Candidate Office Sought: City Council Ward 1 Seat 2
 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 / 01 / 16 To 10 / 07 / 16 Report Type: 201664

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , . 6
Loans \$, , .
Total Monetary \$, , .
In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, . 652.62
Transfers to Office Account \$, .
Total Monetary \$, .

(8) Other Distributions

\$, .

(9) TOTAL Monetary Contributions To Date

\$, . 3,810.00

(10) TOTAL Monetary Expenditures To Date

\$, . 3,356.52

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

X Cassandra L Sharp
Signature

(Type name) Margaret "Peggi" Smith
 Candidate Chairperson (only for PC and PTY)

X Margaret "Peggi" Smith
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Margaret "Peggy" Smith (2) I.D. Number 443
 (3) Cover Period 10, 01, 16 through 10, 07, 16 (4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
/ /								0
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Margaret "Peggy" Smith

(2) I.D. Number 443

(3) Cover Period 10/01/16 through 10/07/16

(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					
10/5/16	SOE 6495 Caroline St. Milton FL 32570	Labels	CAN		\$30.39
64-1					
10/7/16	Always Signs 4985 Glover Ln Milton FL 32570	Adv	CAN		282.23
64-2					
10/7/16	Postmaster 4629 Forsythe St Bagdad FL 32530	Postage	CAN		340.00
64-3					
1/1					
1/1					
1/1					
1/1					
1/1					