**CAMPAIGN TREASURER’S REPORT SUMMARY**

1. **MILTON’S CONCERNED CITIZENS PC**
   - **Name:**
   - **Address (number and street):** 5665 RUSSELL DR
   - **City, State, Zip Code:** MILTON, FL 32570
   - **Check here if address has changed:**

2. **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)
   - [ ] 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

3. **ID Number:**

4. **Cover Period:**
   - **From:** 10 / 13 / 18
   - **To:** 10 / 19 / 18
   - **Report Type:** G6

5. **Report Identifiers**
   - [ ] Original
   - [ ] Amendment
   - [ ] Special Election Report

6. **Contributions This Report**
   - **Cash & Checks:** $____, ____ , 0 . ____
   - **Loans:** $____, ____ , ____ , __
   - **Total Monetary:** $____, ____ , 0 . ____
   - **In-Kind:** $____, ____ , ____ , __

7. **Expenditures This Report**
   - **Monetary Expenditures:** $____, ____ , 88. 73
   - **Transfers to Office Account:** $____, ____ , ____ , __
   - **Total Monetary:** $____, ____ , 0 . ____

8. **Other Distributions**
   - $____, ____ , ____ , __

9. **TOTAL Monetary Contributions To Date**
   - $____, ____ , 6 , 593 . 42

10. **TOTAL Monetary Expenditures To Date**
    - $____, ____ , 4 , 163 . 05

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:

   **JIMMY MESSICK**
   - **(Type name):**
   - [ ] Individual (only for IE or electioneering comm.)
   - [ ] Treasurer
   - [ ] Deputy Treasurer
   - [ ] Check here if no other IE or EC reports will be filed
   - **Signature:**
   - **X**

   **PAM MITCHELL**
   - **(Type name):**
   - [ ] Candidate
   - [ ] Chairperson (only for PC and PTY)
   - **Signature:**
   - **X**

SEE REVERSE FOR INSTRUCTIONS
<table>
<thead>
<tr>
<th>(5) Date</th>
<th>(7) Full Name (Last, Suffix, First, Middle) Street Address &amp; City, State, Zip Code</th>
<th>(8) Purpose (add office sought if contribution to a candidate)</th>
<th>(9) Expenditure Type</th>
<th>(10) Amendment</th>
<th>(11) Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/17/8</td>
<td>PIGGLY WIGGLY HWY 87 MILTON, FL 32570</td>
<td>WATER FOR HURRICANE VICTIMS</td>
<td>CAN</td>
<td></td>
<td>88.73</td>
</tr>
</tbody>
</table>

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES