

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Cynthia Harris <hr/> Name (2) P.O. Box 892 <hr/> Address (number and street) Gotha Fl 34724 <hr/> City, State, Zip Code	OFFICE USE ONLY ORL CITY CLERK NOV3'17 AM10:18
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CHECK IF ADDRESS HAS CHANGED _____ (3) ID Number: _____

(4) Check appropriate box(es): Orlando City Commissioner District 5

<input type="checkbox"/> Political Committee	<input type="checkbox"/> CHECK IF PC HAS DISBANDED
<input type="radio"/> Committee of Continuous Existence	<input type="radio"/> CHECK IF CCE HAS DISBANDED
<input type="checkbox"/> Party Executive Committee	
<input type="checkbox"/> Electioneering Communication	<input type="checkbox"/> CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 10 / 21 / 2017 to 11/02 / 2017 Report Type G3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____

Loans \$ 200.00

Total Monetary \$ 200.00

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ _____

Total Monetary \$ 0.00

(8) Other Distributions
\$ _____

(9) TOTAL Monetary Contributions To Date
\$ 6557.37

(10) TOTAL Monetary Expenditures To Date
\$ 5,580.14

(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.

Jennifer Somers 11/02/2017

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X *Jennifer Somers*
Signature

I certify that I have examined this report and it is true, correct, and complete.

Cynthia Harris 11/02/2017

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X *Cynthia Harris*
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Cynthia Harris
 Cover Period: October 21, 2017 through November 2, 2017

(2) I.D. Number 0000

(5) Date	(7) Full Name <small>(Last, Suffix, First, Middle)</small> Street Address & City, State, Zip Code	(8) CoDntributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
001	Cynthia Harris P.O. Box 892 Gotha, FL 34734		Candidate	Loan		\$200.00
