

**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 MAY26'17 AM8:24
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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 03 / 01 / 2017 03/31 / 2017 Report Type M3
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 775.00
 Loans \$ _____
 Total Monetary \$ 775.00
 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
 \$ 2,785.00

(10) TOTAL Monetary Expenditures To Date
 \$ 7.85

(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 05/10/2017

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 05/10/2017

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

X *Cynthia Harris*
 Signature