

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Regina Hill

Name

(2) P.O. Box 551049

Address (number and street)

Orlando FL 32855

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

MAY 8 2017 PM 1:10

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner District 5

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 04 / 01 / 17 To 04 / 30 / 17 Report Type: M4

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$, 5 , 680 . 00

Loans \$, , .

Total Monetary \$, 5 , 680 . 00

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, , 0 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 11 , 380 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 1 , 630 . 00

(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) Angela Hill

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

X Angela Hill
Signature

(Type name) Regina Hill

Candidate Chairperson (only for PC and PTY)

X Regina Hill
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Regina Hill (2) I.D. Number _____
 (3) Cover Period 4 / 1 / 17 through 4 / 30 / 17 (4) Page 2 of 3

| (5) Date | (6) Sequence Number | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) | | (9) | (10) | (11) | (12) |
|-------------|---------------------------|--|---------------------|-------------|----------------------|------------------------|-----------|---------|
| | | | Contributor Type | Occupation | Contribution Type | In-kind Description | Amendment | Amount |
| 4 / 13 / 17 | 08 | Roger Ralph 205 Fantasy Lane Stevensville MD 21666 | I | | CHE | | | 250.00 |
| 4 / 15 / 17 | 09 | Sunlife Grocery 400 Parramore Orlando FL 32805 | B | | CHE | | | 200.00 |
| 4 / 18 / 17 | 10 | Lee, Wesley & Associates 1030 N Orange Ave #102 Orlando FL 32801 | B | Attorney | CHE | | | 500.00 |
| 4 / 19 / 17 | 11 | Russel Drake 4434 Bradley Ave Orlando FL 32839 | I | | CHE | | | 50.00 |
| 4 / 19 / 17 | 12 | Curtis Protective Services 750 S OBT #204 Orlando FL 32805 | B | Security Gu | CHE | | | 1000.00 |
| 4 / 20 / 17 | 13 | Thomas Morris | I | | CHE | | | 200.00 |
| 4 / 22 / 17 | 14 | Mears Transportation 324 W Gore St Orlando FL 32806 | B | Cab Company | CHE | | | 1000.00 |

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Regina Hill (2) I.D. Number _____
 (3) Cover Period 4 / 1 / 17 through 4 / 30 / 17 (4) Page 1 of 3

| (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 | | | | | | | |
| 4 / 5 / 17 01 | Anderson and Associates 1339 W Colonial Dr Orlando FL 32804 | B | Attorney | CHE | | | 250.00 |
| 4 / 8 / 17 02 | Jeremy Pitts | I | | RCT | | | 100.00 |
| 4 / 08 / 17 03 | Taniko Bango | I | | RCT | | | 25.00 |
| 4 / 8 / 17 04 | Thomas Roseberry | I | | RCT | | | 200.00 |
| 4 / 13 / 17 05 | Tyreshia Brown | I | | RCT | | | 20.00 |
| 4 / 15 / 17 06 | Lacary Williams | I | | RCT | | | 10.00 |
| 4 / 16 / 17 07 | Tropical Tires 25 S OBT Orlando FL 32805 | B | Tire Compan | CHE | | | 500.00 |

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Regina Hill (2) I.D. Number _____

(3) Cover Period 4 / 1 / 17 through 4 / 30 / 17 (4) Page 3 of 3

| (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 | | | | | | | |
| 4 / 22 / 17 15 | City Cab Company 5001 Aluthra Way Orlando FL 32839 | B | Cab Company | CHE | | | 1000.00 |
| 4 / 18 / 17 16 | Jack Williams | I | | RCT | | | 25.00 |
| 4 / 20 / 17 17 | Catherine McCarthy | I | | RCT | | | 50.00 |
| 4 / 29 / 17 18 | Brian Butler | I | | RCT | | | 300.00 |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |