

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

(1) Cynthia Harris

OFFICE USE ONLY

Name

DRL CITY CLERK

(2) P.O. Box 892

Address (number and street)

Gotha FL 34724

DEC 6 17 AM 9:35

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es): Orlando City

Commissioner District 5

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 10 / 07 / 2017 10/20 / 2017 Report Type G2

Original  Amendment  Special Election Report  Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 300.00

Loans \$ \_\_\_\_\_

Total Monetary \$ 300.00

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

\$ 6357.37

(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 10/23/2017

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** 

Signature

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

Cynthia Harris 10/23/2017

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

**X** 

Signature

# CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Cynthia Harris

(2) I.D. Number 0000

Cover Period: October 7, 2017 through October 20, 2017

(5) Date	(7) Full Name	(8)		(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	CContributor Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
001	Sheila Miles 1000 S. Dollins Orlando, FL 32805	I	Retired	Check			\$100.00
002	Alpha Construct 31 Pershing PL Orlando, FL 32805	B	Constructio n	Check			\$200.00
003	Math Error	N/A	None	Error/Delete d		Error/Del eted	-\$200.00