

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 CHECK IF ADDRESS HAS CHANGED <input type="checkbox"/>	OFFICE USE ONLY ORL CITY CLERK NOV 31 10:18 AM
---	--

(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 / 07 / 2017 to 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

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

Cynthia Harris 10/23/2017

Individual (only for electioneering commun.)
 Treasurer
 Deputy Treasurer

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

X 

X 

Signature

Signature

