

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Gary Resnick
 Name
 (2) 2800 NW 10 Avenue
 Address (number and street)
Wilton Manors, FL 33311
 City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed (3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: City Commissioner
 Political Committee (PC)
 Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
 Party Executive Committee (PTY) Check here if PTY has disbanded
 Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 06 / 01 / 18 To 06 / 30 / 18 Report Type: M6
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 2 , 850 . 00
 Loans \$, , .
 Total Monetary \$, , .
 In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, , 200 . 74
 Transfers to Office Account \$, , .
 Total Monetary \$, , .

(8) Other Distributions
 \$, , .

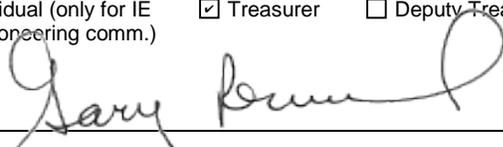
(9) TOTAL Monetary Contributions To Date
 \$, 9 , 250 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, , 630 . 37

(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) Gary I. Resnick
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer
X 
 Signature

(Type name) Gary I. Resnick
 Candidate Chairperson (only for PC and PTY)
X 
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page ____ of ____

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
/ /							
/ /							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _____

(2) I.D. Number _____

(3) Cover Period ____/____/____ through ____/____/____

(4) Page _____ of _____

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
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