

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Josie A. Smith Malave  
 Name

(2) 2516 NE 8th Ter  
 Address (number and street)  
Wilton Manors, FL 33305  
 City, State, Zip Code

**OFFICE USE ONLY**

AUG 5 '20 PM 4:18

*RStaples*

Check here if address has changed

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

(4) Check appropriate box(es):

- Candidate Office Sought: Mayor
- 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 06/01/2020 / \_\_\_\_\_ To 06/30/2020 / \_\_\_\_\_ Report Type: M6

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , 6,050 .00

Loans \$ \_\_\_\_\_ , 1,100 .00

Total Monetary \$ \_\_\_\_\_ , 7,150 .00

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 8988 .06

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 .00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 8988 .06

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , 0 .00

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , 9,110 .00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , 9,066 .36

### (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) Bryon F. Bowlby

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

X *Bryon F. Bowlby*  
 Signature

(Type name) Josie A. Smith Malave

Candidate  Chairperson (only for PC and PTY)

X *Josie A. Smith Malave*  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Josie A. Smith Malave

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 06/01/2020 /      /      through 06/30/2020 /      /     

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(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				
06/14/2020 / / 15	Carter, Michael 503 NE 19th St., #503 Fort Luaderdale, FL 33305	I	IT	CHE			500.00
06/08/2020 / / 16	Smitha Malave, Josie 2516 NE 8th Ter Wilton Manors, FL 33305	S	Restaurantee	LOA		1,100	
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							