

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Denise Grant  
 Name  
 (2) 7221 Sienna Ridge Lane  
 Address (number and street)  
Lauderhill, Florida 33319  
 City, State, Zip Code

OFFICE USE ONLY  
**RECEIVED**  
 MAY 15 2017  
 CITY CLERK'S OFFICE

Check here if address has changed

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

(4) Check appropriate box(es):

Candidate Office Sought: Lauderhill City Commission Seat #4

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: \_\_\_\_\_

Original       Amendment       Special Election Report

(6) Contributions This Report

Cash & Checks      \$ 0, \_\_\_\_, \_\_\_\_. \_\_\_\_

Loans      \$ 0, \_\_\_\_, \_\_\_\_. \_\_\_\_

Total Monetary      \$ 0, \_\_\_\_, \_\_\_\_. \_\_\_\_

In-Kind      \$ 0, \_\_\_\_, \_\_\_\_. \_\_\_\_

(7) Expenditures This Report

Monetary Expenditures      \$ 0, \_\_\_\_, \_\_\_\_. \_\_\_\_

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

Total Monetary      \$ 0, \_\_\_\_, \_\_\_\_. \_\_\_\_

(8) Other Distributions  
 \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
 \$ \_\_\_\_\_, 1,500.00

(10) TOTAL Monetary Expenditures To Date  
 \$ \_\_\_\_\_, 164.77

### (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) Melanie Clarke

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

X Melanie Clarke  
 Signature

(Type name) Denise D. Grant

Candidate     Chairperson (only for PC and PTY)

X Denise D. Grant  
 Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name Denise Grant (2) I.D. Number \_\_\_\_\_

(3) Cover Period 04, 01, 17 through 04, 30, 17 (4) Page \_\_\_\_\_ of \_\_\_\_\_

(5) Date	(6) Sequence Number	(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
			Type	Occupation				
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Denise Grant

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

(3) Cover Period 04.01.17 through 04.30.17

(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
(6) Sequence Number					
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