CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

(1) Name: RICHARD CAMPBELL

(2) Address (number and street): 4425 NW 65 TERR

City, State, Zip Code: LAUDERHILL, FL 33319

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate — Office Sought: LAUDERHILL COMMISSIONER #2

☐ 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 08/01/17 To 08/31/17 Report Type: 2017 M8

☒ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 500 . 00
Loans	$ ___ , ___ , 355 . 50
Total Monetary	$ ___ , ___ , 855 . 50
In-Kind	$ ___ , ___ , ___ . ___

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 16 . 00
Transfers to Office Account	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ , 16 . 00

(8) Other Distributions

$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date

$ ___ , 2 , 355 . 50

(10) TOTAL Monetary Expenditures To Date

$ ___ , ___ , 16 . 00

(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) PHICBERT HILLMAN

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

X _____ Signature

(Type name) RICHARD CAMPBELL

☒ Candidate ☐ Chairperson (only for PC and PTY)

X _____ Signature

SEE REVERSE FOR INSTRUCTIONS

DS-DE 12 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name RICHARD CAMPBELL (2) I.D. Number

(3) Cover Period 08 / 01 / 17 through 08 / 31 / 17 (4) Page 2 of 3

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
08/01/17 1	RICHARD CAMPBELL 4425 NW 65 TERR LAUDERHILL, FL 33319	T	PT	LOA			355.50
08/25/17 2	BEST RADIATOR 8011 NW 20 CT SUNRISE, FL 33322	B	MECH	CHE			200.00
08/28/17 3	PRO HOSP STAFF 1170 PEACHTREE ST ATLANTA, GA 30309	B	AGENCY	CHE			150.00
08/28/17 4	SEASONS FINEST 1170 PEACHTREE ST ATLANTA GA 30309	B	HOSPITALITY	CHE			150.00
/ /							
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name RICHARD CAMPBELL (2) I.D. Number

(3) Cover Period 08/01/17 through 08/31/17 (4) Page 3 of 3

(5) Date / (6) Sequence Number	(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
08/31/16 / 1	TD BANK 1800 N PINE ISLAND RD PLANTATION, FL 33323	BANK CHARGE	MON		16.00
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DS-DE 14 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES