CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MAE SMITH
Name

(2) 951 NW 33rd WAY
Address (number and street)
LAUDERHILL, FLORIDA 33311
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY
RECEIVED
OCT 10 2017
CITY CLERK'S OFFICE

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: CITY OF LAUDERHILL COMMISSION SEAT 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 09 / 01 / 17 To 09 / 30 / 17 Report Type: M9

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 280 . 00
Loans	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ , 280 . 00
In-Kind	$ ___ , ___ , ___ . ___

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 249 . 45
Transfers to Office Account	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ , 249 . 45

(8) Other Distributions
$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date
$ ___ , 1 , 453 . 01

(10) TOTAL Monetary Expenditures To Date
$ ___ , ___ , 843 . 52

(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) LIVIA HORNE
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer
X Livia Horne
Signature

(Type name) MAE SMITH
☑ Candidate ☐ Chairperson (only for PC and PTY)
X Mae Smith
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MAE SMITH (2) I.D. Number

(3) Cover Period 09 / 01 / 2017 through 09 / 30 / 2017 (4) Page 1 of 1

(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
09 / 05 / 17 020	GOOGLE INC 1600 AMPHITHEATRE MOUNTAIN VIEW, CA 94043	FEES	CHE		5.00
09 / 19 / 17 021	DUNKIN DONUT 6299 WEST SUNRISE PLANTATION, FLORIDA 33313	CAMPAIGN MEETING	CHE		20.21
09 / 19 / 17 022	DUNKIN DONUT 6299 WEST SUNRISE PLANTATION, FLORIDA 33313	CAMPAIGN MEETING	CHE		15.11
09 / 22 / 17 023	STAPLES 7500 WEST COMMERCIAL BLVD LAUDERHILL, FLORIDA 33313	OFFICE SUPPLIES	CHE		98.55
09 / 25 / 17 024	PS YOUTH 4111 NORTH STATE ROAD 7 LAUDERDALE LAKES, FLORIDA 33319	EVENT	CHE		90.00
09 / 28 / 17 025	OFFICE DEPOT ONLINE	OFFICE SUPPLIES	CHE		20.02
09 / 28 / 17 026	SQUARE INC 1455 MARKET STREET SUITE 600 SAN FRANCISCOK, CA 94103	FEES	CHE		.56
/ / 					

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MAE SMITH **(2) I.D. Number** _____

(3) Cover Period 09 / 01 / 17 through 09 / 30 / 17 **(4) Page** 1 of 2

(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
09 / 01 / 17 026	PATRICK SINGER 1530 SUNSET STRIP SUNRISE, FLORIDA 33351	I		CHE			10.00
09 / 01 / 17 027	SHANDRELL ROSCOE 7177 SPORTSMANS DRIVE NORTH LAUDERDALE, FLORIDA 33068	I		CHE			10.00
09 / 02 / 17 028	MARY LYONS 3850 NW 8th COURT LAUDERHILL, FLORIDA 33311	I		CAS			20.00
09 / 07 / 17 029	VERMELL HILTON 3410 NW 5th PLACE LAUDERHILL, FLORIDA 33311	I		CAS			10.00
09 / 07 / 17 030	CHERYL BARR 3481 NW 5th PLACE LAUDERHILL, FLORIDA 33311	I		CAS			10.00
09 / 07 / 17 031	OLIVIA HOLLOWAY 3331 NW 7th STREET LAUDERHILL, FLORIDA 33311	I		CAS			10.00
09 / 19 / 17 032	KATRINA WHITAKER 961 NW 34th TERRACE LAUDERHILL, FLORIDA 33311	I		CAS			10.00

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MAE SMITH **(2) I.D. Number** _____

(3) Cover Period 09 / 01 / 17 through 09 / 30 / 17 **(4) Page** 2 of 2

(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
09 / 30 / 17 + 033	CHRISTINE JONES 1600 NW 15th PLACE FORT LAUDERDALE, FLORIDA 33311	I	RETIRED	CHE			200.00
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DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES