

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) SARA "RAY" Martin
Name

(2) 1148 NW 44 Ave
Address (number and street)

Lauderhill FL 33313
City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- | | |
|--|---|
| <p><input checked="" type="checkbox"/> Candidate Office Sought: <u>Lauderhill Commissioner Seat #4</u></p> <p><input type="checkbox"/> Political Committee (PC)</p> <p><input type="checkbox"/> Electioneering Communications Org. (ECO)</p> <p><input type="checkbox"/> Party Executive Committee (PTY)</p> <p><input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications)</p> | <p><input type="checkbox"/> Check here if PC or ECO has disbanded</p> <p><input type="checkbox"/> Check here if PTY has disbanded</p> <p><input type="checkbox"/> Check here if no other IE or EC reports will be filed</p> |
|--|---|

(5) Report Identifiers

Cover Period: From 3/1/18 To 3/31/18 Report Type: M3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____ 954.00

(7) Expenditures This Report

Monetary Expenditures \$ _____ 0

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____ 0

(9) TOTAL Monetary Contributions To Date

\$ _____ 6,049.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ 5,045.00

(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) SARA "RAY" Martin

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

X _____
Signature

(Type name) SARA "RAY" Martin

Candidate Chairperson (only for PC and PTY)

X _____
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name SARA "RAY" MARTIN (2) I.D. Number _____

(3) Cover Period 3 1 1 18 through 3 31 1 18 (4) Page 1 of 1

(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				
3, 9, 18 1	SARA MARTIN 1148 NW 44 Ave Lauderhill FL 33313	S	RET	INK	ROAD Signs (2x8)		\$ 954. ⁰⁰
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Sarah "Ray" Marbo

(2) I.D. Number _____

(3) Cover Period 3/1/18 through 3/31/18

(4) Page 1 of 1

(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					
/ /	N/A				
/ /					
/ /					
/ /					
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/ /					