

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Janette M. Smith

Name

(2) Protected FS 119.071

Address (number and street)

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____



(4) Check appropriate box(es):

Candidate Office Sought: Davie Town Council - District 1

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 6 / 1 / 18 To 6 / 30 / 18 Report Type: M6

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0.00

Loans \$ _____ , 2,000.00

Total Monetary \$ _____ , 2,000.00

In-Kind \$ _____ , _____ , 0.00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 704.40

Transfers to Office Account \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , 704.40

(8) Other Distributions

\$ _____ , _____ , 0.00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 2,000.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 704.40

(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) Janette M. Smith

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

X Janette M. Smith
Signature

(Type name) Janette M. Smith

Candidate Chairperson (only for PC and PTY)

X Janette M. Smith
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Janette M. Smith (2) I.D. Number _____

(3) Cover Period 6 / 1 / 18 through 6 / 30 / 18 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
6, 22, 18	Smith, Janette, M. Exempt F.S. 119.071	I	Lawyer	Loa			2000. ⁰⁰
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Janette M. Smith

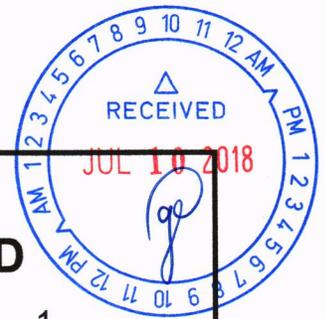
(2) I.D. Number _____

(3) Cover Period 6 / 1 / 2018 through 6 / 30 / 2018

(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					
6 / 22 / 2018	Town Of Davie 6591 Orange Drive Davie, FL 33314	Qualifying Fee	MON		\$704.40
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CAMPAIGN LOANS REPORT ITEMIZED

Page 1 of 1

(PLEASE TYPE)

<p>FULL NAME AND ADDRESS OF LENDER: <u>Janette M. Smith</u> <u>4264 SW 72 Way</u> <u>Davie, Florida 33314</u></p> <p>OCCUPATION: <u>Lawyer</u></p> <p>AMOUNT OF LOAN: <u>2000.00</u></p> <p>DATE RECEIVED: <u>06/22/2018</u></p>	<p>FULL NAME AND ADDRESS OF LENDER: _____ _____ _____</p> <p>OCCUPATION: _____</p> <p>AMOUNT OF LOAN: _____</p> <p>DATE RECEIVED: _____</p>
<p>FULL NAME AND ADDRESS OF LENDER: _____ _____ _____</p> <p>OCCUPATION: _____</p> <p>AMOUNT OF LOAN: _____</p> <p>DATE RECEIVED: _____</p>	<p>FULL NAME AND ADDRESS OF LENDER: _____ _____ _____</p> <p>OCCUPATION: _____</p> <p>AMOUNT OF LOAN: _____</p> <p>DATE RECEIVED: _____</p>
<p>FULL NAME AND ADDRESS OF LENDER: _____ _____ _____</p> <p>OCCUPATION: _____</p> <p>AMOUNT OF LOAN: _____</p> <p>DATE RECEIVED: _____</p>	<p>FULL NAME AND ADDRESS OF LENDER: _____ _____ _____</p> <p>OCCUPATION: _____</p> <p>AMOUNT OF LOAN: _____</p> <p>DATE RECEIVED: _____</p>