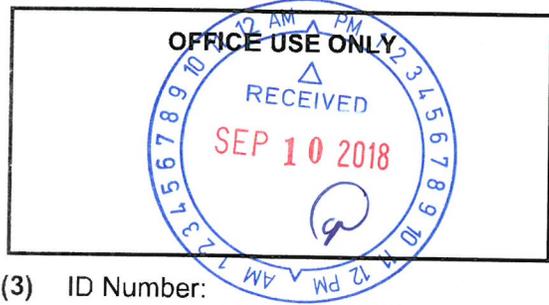


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Janette M. Smith
 Name
 (2) PO Box 292154
 Address (number and street)
Davie, FL 33314
 City, State, Zip Code



(3) ID Number: _____

Check here if address has changed

(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 08 / 01 / 18 To 08 / 31 / 18 Report Type: M8

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0.00

Loans \$ _____, _____, 0.00

Total Monetary \$ _____, _____, 0.00

In-Kind \$ _____, _____, 0.00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 1102.78

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, 1102.78

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 2000.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 2000.00

(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) 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)

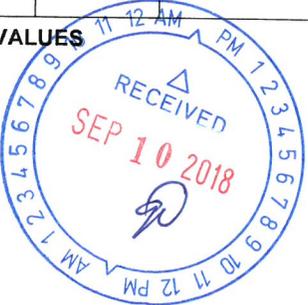
X Janette M. Smith
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 08 / 01 / 18 through 08 / 31 / 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
/ /							\$0.00
/ /							
/ /							
/ /							
/ /							
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/ /							



CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Janette M. Smith

(2) I.D. Number _____

(3) Cover Period 08 / 01 / 18 through 08 / 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					
08 / 01 / 18	Smith, Janette M. PO Box 292152 Davie, Florida 33329	Repay loan	MON		\$1,102.78
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