

CAMPAIGN TREASURER'S REPORT SUMMARY

RECEIVED

(1) Common Sense

Name _____

(2) 2618 Centennial Place

Address (number and street) _____

Tallahassee, FL 32308 _____

City, State, Zip Code _____

☐ Check here if address has changed

(3) ID Number: 54534

(4) Check appropriate box(es):

☐ Candidate Office Sought: _____

☐ 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 04 / 18 / 15 To 04 / 30 / 15 Report Type: G3

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 5000 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 5000 . 00

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 4 , 623 . 22

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 4 , 623 . 22

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 7 , 100 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 6 , 453 . 22

(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) Mark Herron

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

X

Signature

(Type name) _____

☐ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Common Sense

(2) I.D. Number _____

(3) Cover Period 04 / 18 / 15 through 04 / 30 / 15 (4) Page 1 of 1

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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Common Sense

(2) I.D. Number _____

(3) Cover Period 04 / 18 / 15 through 04 / 30 / 15

(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
04 / 22 / 15	Image Plus Graphics, Inc. 1440 NE 131st Street North Miami, FL 33161	Printing and mailing	MON		\$4,623.22
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