

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Christopher McVoy Campaign

Name

(2) 1514 15th Ave. North

Address (number and street)

Lake Worth, FL 33460

City, State, Zip Code

Check here if address has changed



(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: City Commissioner District 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 11 / 01 / 16 To 11 / 30 / 16 Report Type: M11

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 \$ _____, _____, 26.00

Transfers to Office Account \$ _____, _____, 0.00

Total Monetary \$ _____, _____, 26.00

(8) Other Distributions

\$ _____, _____, 0.00

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 100.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 26.00

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

X Tara McAlonan
Signature

(Type name) Christopher McVoy
 Candidate Chairperson (only for PC and PTY)

X Christopher McVoy
Signature

PAID
 DEC 22 2016
 BY:

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Christopher McVoy Campaign

(2) I.D. Number BY:

(3) Cover Period 11 / 01 / 16 through 11 / 30 / 16

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
/ /	Nothing to report						
/ /							
/ /							
/ /							
/ /							
/ /							



CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Christopher McVoy Campaign

(2) I.D. Number _____

(3) Cover Period 11 / 01 / 16 through 11 / 30 / 16

(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					
11 / 03 / 16	Bank of America 14 N. Federal Highway Lake Worth, FL 33460	Checks			
1			MON	ADD	\$26.00
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