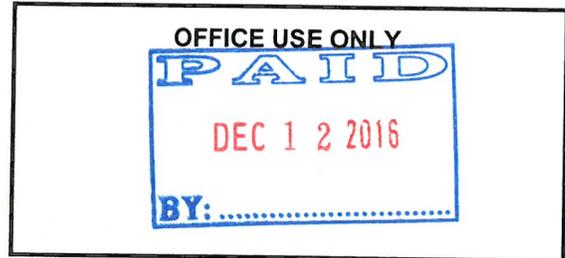


## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Omari Hardy  
 Name  
 (2) 1736 Lake Worth Road #401  
 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: Lake Worth City Commission - 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 \$ \_\_\_\_\_ , \_\_\_\_\_ , 100 . 00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 100 . 00

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

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

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 100 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 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) OMARI HARDY

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

X Omari Hardy  
 Signature

(Type name) OMARI HARDY

Candidate  Chairperson (only for PC and PTY)

X Omari Hardy  
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

**PAID**  
 DEC 12 2016  
 BY: \_\_\_\_\_

(1) Name Omar Hardy

(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) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
11, 29, 16	Studio 205 600 Lake Ave. Lake Worth, FL 33460	B	Gift Store	CHE			\$100.00
1							
/ /							
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