

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lake Worth Yes!

Name \_\_\_\_\_

(2) 114 Ocean Breeze

Address (number and street) \_\_\_\_\_

Lake Worth, Florida 33460

City, State, Zip Code \_\_\_\_\_

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: \_\_\_\_\_

Political Committee (PC)

Electioneering Communications Org. (ECO)

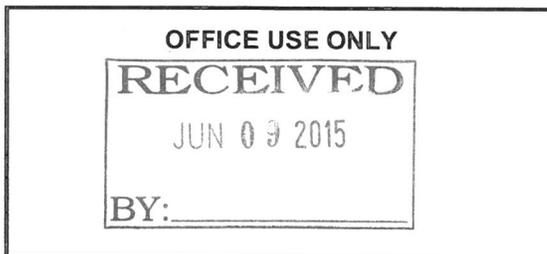
Party Executive Committee (PTY)

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 05 / 01 / 15 To 05 / 31 / 15 Report Type: M5

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 \$ \_\_\_\_\_ , \_\_\_\_\_ , 1 . 50

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 1 . 50

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , 19 , 950 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , 15 , 765 . 85

### (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) Margaret L. Fisher

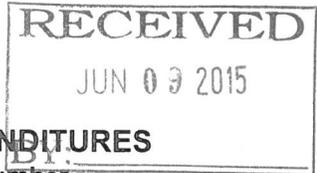
Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

**X** Margaret L. Fisher  
Signature

(Type name) Herman C. Robinson

Candidate  Chairperson (only for PC and PTY)

**X** Herman C. Robinson  
Signature



**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Lake Worth YES!

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 05 / 01 / 15 through 05 / 31 / 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
05 / 31 / 15	Palm Beach County Credit Union 3469 Summit Boulevard West Palm Beach, Florida 33406	Bank fee	Mon		1.50
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