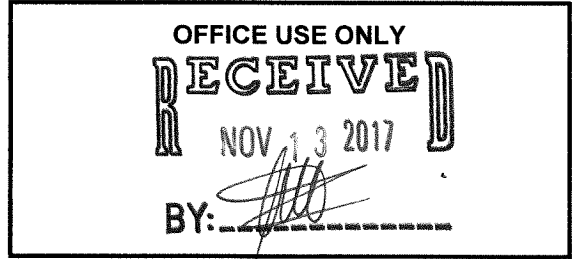


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Louis Cimaglia Jr
 Name
1200 NW 87th Ave, Apt 514
 Address (number and street)
Coral Springs, FL 33071-7175
 City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: City Commissioner, seat #4
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 10 / 01 / 17 To 10 / 31 / 17 Report Type: 2017m10

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 000 . 00

Loans \$ _____ , _____ , 000 . 00

Total Monetary \$ _____ , _____ , 000 . 00

In-Kind \$ _____ , 0 , 000 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 000 . 00

Transfers to Office Account \$ _____ , _____ , 000 . 0

Total Monetary \$ _____ , _____ , 000 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 3 , 900 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 138 . 44

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

X Don E Vettorel
 Signature

(Type name) Louis Cimaglia, Jr.
 Candidate Chairperson (only for PC and PTY)

X Louis Cimaglia Jr.
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Louis Cimaglia, Jr. (2) I.D. Number _____

(3) Cover Period 10 / 01 / 17 through 10 / 31 / 17 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
/ / 17							00.00
M10-001							
/ / 17							00.00
M10-002							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Louis Cimaglia Jr.

(2) I.D. Number _____

(3) Cover Period 10 / 01 / 17 through 10 / 31 / 17

(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					
/ / 17					
M10-001					\$0.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					