

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) diane gonzalez simpson

Name

(2) po box 8061

Address (number and street)

coral springs, fl. 33065

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: city commission seat 2

Political Committee (PC)

Electioneering Communications Org. (ECO)

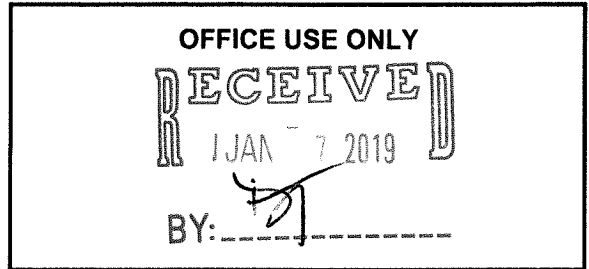
Party Executive Committee (PTY)

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 12 / 01 / 2018 To 12 / 31 / 2018 Report Type: 2018 M12

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 25 . 75

Loans \$ _____ , 30 , 000 . 00

Total Monetary \$ _____ , _____ , _____ . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 6 . 60

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

Total Monetary \$ _____ , _____ , 6 . 60

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 30 , 025 . 75

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 6 . 60

(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) DIANE SIMPSON

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

X _____
Signature

(Type name) DIANE SIMPSON

Candidate Chairperson (only for PC and PTY)

X 1/4/19
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DIANE GONZALEZ SIMPSON (2) I.D. Number _____

(3) Cover Period 12 / 1 / 2018 through 12 / 31 / 2018 (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
12 / 17 / 2018 / /	diane simpson 8644 nw 29 drive coral springs fl 33065	I	accountant/ <i>Candidate</i>	loa			20000.00
1							
12 / 20 / 2018 / /	diane simpson 8644 nw 29 drive coral springs fl 33065	I		CHE			25.00
2							
12 / 27 / 2018 / /	diane simpson 8644 nw 29 drive coral springs fl 33065	i	accountant/ <i>Candidate</i>	loa			10000.00
3							
12 / 31 / 2018 / /	tropical federal credit union 8947 w atlantic blvd coral springs fl 33071	I		int			.75
4							
/ /							
/ /							
/ /							
/ /							



CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name diane gonzalez simpson

(2) I.D. Number _____

(3) Cover Period 12 / 1 / 2018 through 12 / 31 / 2018

(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					
12 / 20 / 18	ANEDOT 10821 Rosebud Court Baton Rouge LA 70815	CREDIT CARD COSTS	mon		1.60
1					
12 / 31 / 18	TROPICAL FINANCIAL CREDIT UNION 8947 W ATLANTIC BLVD CORAL SPRINGS FL 33071	BANK FEE	mon		5.00
2					
/ /			mon		
3					
/ / 18			mon		
4					
/ / 18			mon		
5					
/ / 18			mon		
6					
/ /			mon		
/ /					