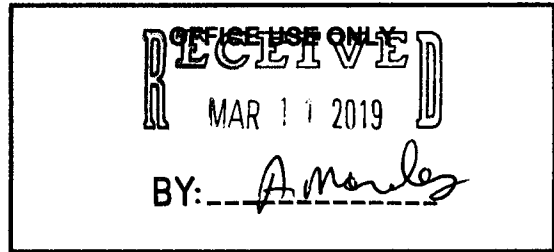


## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Shawn Michael Cerra  
 Name  
 (2) 4260 NW 95th Avenue  
 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 Commissioner, Seat 2
- 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 02 / 01 / 19 To 02 / 28 / 19 Report Type: SM2

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,   2   ,  500  .  00 

Loans \$        ,        ,        .       

Total Monetary \$        ,  2   ,  500  .  00 

In-Kind \$        ,        ,        .       

### (7) Expenditures This Report

Monetary Expenditures \$        ,        ,   0   .       

Transfers to Office Account \$        ,        ,        .       

Total Monetary \$        ,        ,   0   .       

### (8) Other Distributions

\$        ,        ,   0   .       

### (9) TOTAL Monetary Contributions To Date

\$        ,   2   ,  500  .  00 

### (10) TOTAL Monetary Expenditures To Date

\$        ,        ,   0   .       

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

X Marcia Simmons  
 Signature

(Type name) Shawn Cerra  
 Candidate  Chairperson (only for PC and PTY)

X Shawn M Cerra  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Shawn Cerra (2) I.D. Number \_\_\_\_\_

(3) Cover Period 02 / 01 / 2019 through 02 / 28 / 2019 (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
02 / 22 / 2019	Shawn Cerra 4260 NW 95th Avenue Coral Springs, FL 33065		Director	LOA			\$2,500.00

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

(1) Name Shawn Cerfa

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

(3) Cover Period 02 / 01 / 2019 through 02 / 28 / 2019

(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					
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