

FILE

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) diane gonzalez simpson

Name

(2) po box 8061

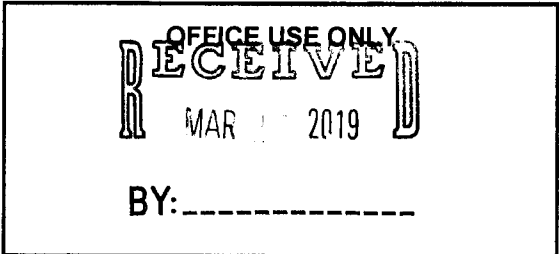
Address (number and street)

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 02 / 01 / 19 To 02 / 28 / 19 Report Type: 2019 M02

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, 3,076.00

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, 00

In-Kind \$ _____, 1,060.00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 307.58

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, 307.58

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

~~\$ _____, 33, 822, 75~~
COLLECTED \$ _____, 33, 422, 75

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 533.79

(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 Diane Simpson

Signature

(Type name) DIANE SIMPSON Amended

Candidate Chairperson (only for PC and PTY)

X Diane Simpson 3/23/19

Signature