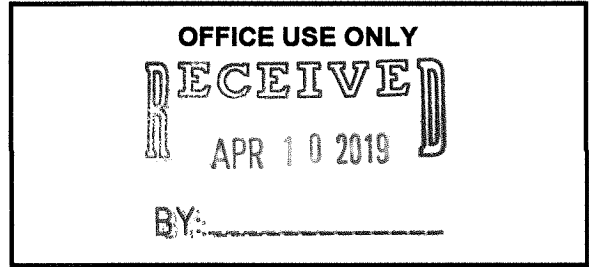


# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Melissa Cipriano  
Name

(2) exempt  
Address (number and street)  
Conal Springs, FL 33076  
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 3/1/19 To 3/31/19 Report Type: 2019M3

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 148.25

Loans \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 148.25

In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0

Transfers to Office Account \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0

### (8) Other Distributions

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 148.25

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

X Melissa Cipriano  
Signature

(Type name) Melissa Cipriano  
 Candidate  Chairperson (only for PC and PTY)

X Melissa Cipriano  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Melissa Cipriano (2) I.D. Number \_\_\_\_\_

(3) Cover Period 3 / 1 / 19 through 3 / 31 / 19 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
3, 3, 19	Patricia Cipriano 280 Nauffield Ave Cranston, RI 02920	I	city clerk	CHE			48 <sup>25</sup>
1							
3, 5, 19	Beth Fazio 12155 NW 9th Pl Coral Springs 33071	I	home maker	CHE			100 <sup>00</sup>
2							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							

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

(1) Name Melissa Capriano

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

(3) Cover Period 3/1/19 through 3/31/19

(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					
/ /					
4					<del>XXXXXXXXXX</del>
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