

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Melissa Martinez Cipriano
Name

(2) exempt
Address (number and street)
Conal Springs, FL 33076
City, State, Zip Code

OFFICE USE ONLY

RECEIVED

MAY 24 2019

BY: _____

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 5 / 1 / 19 To 5 / 17 / 19 Report Type: G2

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . 0

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . 0

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , _____ . 0

(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 Martinez Cipriano (2) I.D. Number _____

(3) Cover Period 5/1/19 through 5/17/19 (4) Page 1 of 1

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

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Melissa Cipriano (2) I.D. Number _____
 (3) Cover Period 5.1.19 through 5.17.19 (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					
/ /					
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