

# CAMPAIGN TREASURER'S REPORT SUMMARY

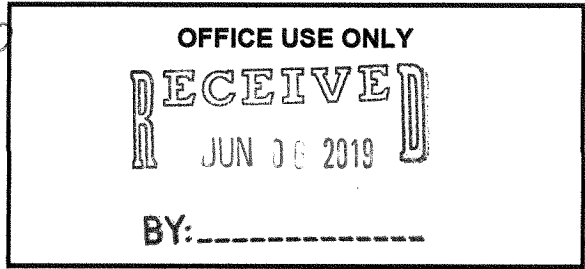
(1) Melissa Martinez Cipriano  
Name

(2) exempt  
Address (number and street)

Uvalde Springs, FC 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 5 / 18 / 2019 To 5 / 31 / 2019 Report Type: G3

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_

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

Total Monetary \$ \_\_\_\_\_

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

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_

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

Total Monetary \$ \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_

(10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_

### (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 Martinez Cipriano

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

Melissa Martinez Cipriano  
Signature

(Type name) Melissa Martinez Cipriano

Candidate  Chairperson (only for PC and PTY)

Melissa Martinez Cipriano  
Signature

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

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

(3) Cover Period 5/18/2019 through 5/31/2019 (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		
/ /							
/ /							
/ /							
/ /							
/ /							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Melissa Northgate Cipriano

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

(3) Cover Period 5/18/2019 through 5/31/2019

(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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