

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Melissa Martinez Cipriano
Name

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

OFFICE USE ONLY

RECEIVED

SEP 16 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) 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 6 / 14 / 19 To 9 / 16 / 19 Report Type: 2019TR

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, _____ 0

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 74.33

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, 74.33

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, _____ 0

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 74.33

(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

Melissa Martinez Cipriano
Signature

(Type name) Melissa Cipriano

Candidate Chairperson (only for PC and PTY)

Melissa Martinez Cipriano
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Melissa Martinez-Capano

(2) I.D. Number _____

(3) Cover Period 6/14/19 through 9/16/19

(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					
9/16/19 1	Parkridge Church 5400 Coral Ridge Dr. Coral Springs FL 33076		MON		\$74.33
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Melissa Martilet Cipriano (2) I.D. Number _____

(3) Cover Period 6/14/19 through 9/16/19 (4) Page 1 of 1

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