

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joy Lynn Carter  
Name

(2) 485 NW 107 Terrace  
Address (number and street)

Coral Springs, FL 33071  
City, State, Zip Code

**OFFICE USE ONLY**

11-05-15 P01:52 IN

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate Office Sought: Coral Springs City Commission Seat 5
- 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 10 / 1 / 15 To 10 / 31 / 15 Report Type: \_\_\_\_\_

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

\$ \_\_\_\_\_ , \_\_\_\_\_ , 250.00

### (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) Carol Wechsler

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

X Carol Wechsler  
Signature

(Type name) Joy Lynn Carter

Candidate     Chairperson (only for PC and PTY)

X Joy Lynn Carter  
Signature

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

(1) Name Joy Lynn Carter (2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 1 / 15 through 10 / 31 / 15 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
<u>N/A</u>	<u>N/A</u>						
<u>/ /</u>							
<u>/ /</u>							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Joy Lynn Carter

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

(3) Cover Period 10 / 1 / 15 through 10 / 31 / 15

(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					
<u>N/A,</u>	<u>N/A</u>				
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