

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) WALTER G CAMPBELL JR.
Name

(2) 1844 COLONIAL DR.
Address (number and street)

CORAL SPRINGS, FLA 33071
City, State, Zip Code

OFFICE USE ONLY

05-10-16 P 12:11:1N

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Mayor Seat 1
- 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 10

Cover Period: From 04 / 01 / 16 To 05 / ~~01~~ / 16 Report Type: _____

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ . 0

Loans \$ _____ . 0

Total Monetary \$ _____ . 0

In-Kind \$ _____ . 0

(7) Expenditures This Report

Monetary Expenditures \$ _____ . 0

Transfers to Office Account \$ _____ . 0

Total Monetary \$ _____ . 0

(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) DANIEL CAMPBELL

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

Signature

(Type name) WALTER G CAMPBELL JR

Candidate Chairperson (only for PC and PTY)

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name WALTER CAMPBELL JR

(2) I.D. Number _____

(3) Cover Period 04/01/16 through 05/04/16

(4) Page _____ of _____

(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
///	\$ 0				\$ 0
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///					
///					
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name WALTER G CAMPBELL JR. (2) I.D. Number 2016 m 4

(3) Cover Period / / through / / (4) Page of

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
/ /							0
0							0
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