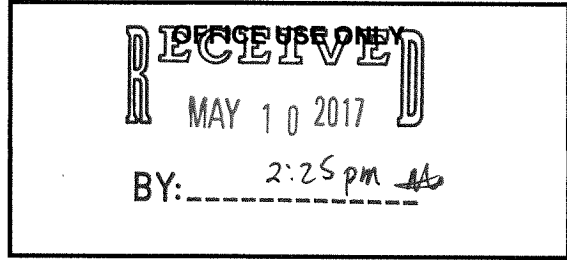


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Louis Cimaglia Jr
 Name
 (2) 1200 NW 87th Ave, Apt 514
 Address (number and street)
Coral Springs, FL 33071-7175
 City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: City Commissioner, seat #4
- 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 4 / 01 / 17 To 4 / 30 / 17 Report Type: 2017m4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 0 , 500 . 00

Loans \$, , 0 . 00

Total Monetary \$, 0 , 500 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 0 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 1 , 600 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 38 . 44

(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) Don E Vettorel

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

X [Signature]
 Signature

(Type name) Louis Cimaglia, Jr.

Candidate Chairperson (only for PC and PTY)

X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Louis Cimaglia, Jr. (2) I.D. Number _____

(3) Cover Period 4 / 01 / 17 through 4 / 30 / 17 (4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8)		(9)	(10)	(11)	(12)
			Contributor Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
4 / 14 / 17	M4-001	Roman Management, LLC 101 Pugliese's Way Delray Beach, FL 33444 561-454-1664	B	ManagementCo	CHE			\$500.00
/ / 17	M4-002							
/ /								
/ /								
/ /								
/ /								
/ /								
/ /								
/ /								

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Louis Cimaglia Jr.

(2) I.D. Number _____

(3) Cover Period 4 / 1 / 17 through 4 / 30 / 17

(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					
/ / 17					
M4-001					\$0.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					