

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

RECEIVED

APR 10 2018



(1) Brandon L. Wright
Name

(2) 2044 SW 81st Ave
Address (number and street)
North Lauderdale FL, 33068
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: City Commissioner (B)
- 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 03 / 01 / 18 To 03 / 31 / 18 Report Type: 2018-M3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 51 . 00

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

\$ _____ , _____ , 51 . 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) Rheisa Burke
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X R. Burke
Signature

(Type name) Brandon Wright
 Candidate Chairperson (only for PC and PTY)

X B. Wright
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Brandon L. Wright (2) I.D. Number _____

(3) Cover Period 03 / 01 / 18 through 03 / 31 / 18 (4) Page 1 of 3

(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		Amount
03 / 14 / 18	Dr. Lydia Reid 5720 s.w. 195ter Southwest Ranches FL 33332	I		CAS	N		\$17.00
03 / 30 / 18	Stephen Thompson 519 NW 14 Ave Apt C205 Ft. Lauderdale FL 33311	I		CAS	N		\$40.00
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