

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Gerald John Graziose
 Name
1560 SW 63rd Ave
 Address (number and street)
North Lauderdale, FL 33068
 City, State, Zip Code

OFFICE USE ONLY

RECEIVED

NOV 08 2017

CITY NORTH LAUDERDALE

G. Varchini
conf/ack

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
- 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 10 / 01 / 2017 To 10 / 31 / 2017 Report Type: 2017 M10

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0.00

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, 0.00

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 0.00

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, 0.00

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 2, 100.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 30.05

(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) David G Hilton

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

X *[Signature]* 11/4/17
 Signature

(Type name) Gerald John Graziose

Candidate Chairperson (only for PC and PTY)

X *[Signature]* 11-6-17
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Gerald John Graziose (2) I.D. Number _____

(3) Cover Period 10 / 01 / 2017 through 10 / 31 / 2017 (4) Page 1 of 1

(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
/ /							
/ /							
/ /							
/ /							
/ /							
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

[Signature] 11/4/17

[Signature] 11-6-17

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Gerald John Graziuse

(2) I.D. Number _____

(3) Cover Period 10 / 01 / 2017 through 10 / 31 / 2017

(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					
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// /					

[Signature] 11/4/17

[Signature] 11-6-17