

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Gerald John Graziose
 Name
 (2) 1560 SW 63rd Ave
 Address (number and street)
North Lauderdale, FL 33068
 City, State, Zip Code

OFFICE USE ONLY
RECEIVED
 OCT 06 2017
 CITY NORTH LAUDERDALE

B. Varchese
 City Clerk

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)

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 09 / 01 / 2017 To 09 / 30 / 2017 Report Type: 2017 M9

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 \$ _____ , _____ , 2 . 00

Transfers to Office Account \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , 2 . 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

[Signature] 10/6/17
 Signature

(Type name) Gerald John Graziose
 Candidate Chairperson (only for PC and PTY)

[Signature] 10-6-17
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Gerald John Graziose

(2) I.D. Number _____

(3) Cover Period 09 / 01 / 2017 through 09 / 30 / 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					
09 / 29 / 2017	TD Bank 7001 West Commercial Blvd Tamarac, FL 33319	Bank Charge	MON		2.00
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