

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mike Chuver
Name

(2) 407 Miriam Ave.
Address (number and street)

Holly Hill, FL 32117
City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: District 1 City Commissioner of Holly Hill

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 5/1/16 To 5/31/16 Report Type: MS

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____ \$100.00

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

\$ _____, _____, \$200.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 11.95

(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) Karen Chuver

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

X Karen Chuver

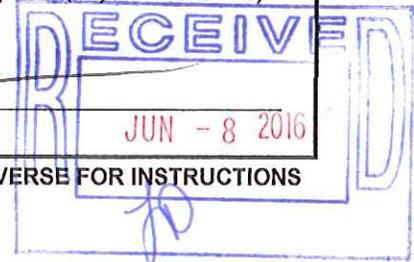
Signature

(Type name) MIKE CHUVER

Candidate Chairperson (only for PC and PTY)

X [Signature]

Signature



CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Mike Churen (2) I.D. Number _____

(3) Cover Period 5 / 1 / 16 through 5 / 31 / 16 (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		
5, 10, 16	Karen Churen 407 Miriam Ave Holly Hill NJ 08217	I	caseworker	CAS			\$100.00
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