

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mike Chuvon
Name

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

Holly Hill, FL 32117
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

RECEIVED

7/1/16
um
9:38 Am

(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) 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 06/01/2016 To 06/24/2016 Report Type: P1

- Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 90.00

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 200.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 101.95

(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 Chuvon

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

X Karen Chuvon

Signature

(Type name) Mike Chuvon

- Candidate Chairperson (only for PC and PTY)

X [Signature]

Signature

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 7/1/16
 Jim 9:38 am

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Mike Churen

(2) I.D. Number _____

(3) Cover Period 06, 01, 16 through 06, 24, 16

(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					
0/23/16	City of Holly Hill Ridgewood Ave, Holly Hill, FL 32117	fee	CAN		\$90.00
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