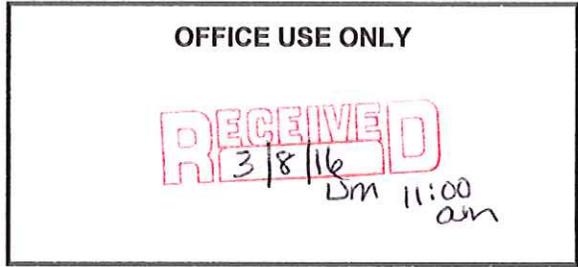


## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Arthur J. Byrnes  
 Name  
 (2) 294 Jeffrey Ave  
 Address (number and street)  
Holly Hill, Florida 32117  
 City, State, Zip Code



Check here if address has changed (3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):  
 Candidate Office Sought: Commissioner District 1  
 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 2 / 1 / 2016 To 2 / 29 / 2015 Report Type: \_\_\_\_\_  
 Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 00  
 Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , 150 . 00  
 Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 150 . 00  
 In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 00

**(7) Expenditures This Report**

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 00  
 Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 00  
 Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 00

**(8) Other Distributions**  
 \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$ \_\_\_\_\_ , \_\_\_\_\_ , 150 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 00

### (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) Arthur J. Byrnes  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X   
 Signature

(Type name) Arthur J. Byrnes  
 Candidate  Chairperson (only for PC and PTY)

X   
 Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

**RECEIVED**  
3/8/16

(1) Name Arthur J. Byrnes

(2) I.D. Number \_\_\_\_\_  
Um  
11:00 am

(3) Cover Period 02 / 01 / 2016 through 02 / 29 / 2016 (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
02 / 23 / 2016 1	Arthur J. Byrnes 294 Jeffery Ave Holly Hill, Fl 32117	s		LOA			\$150.00
/ /							
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/ /							
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