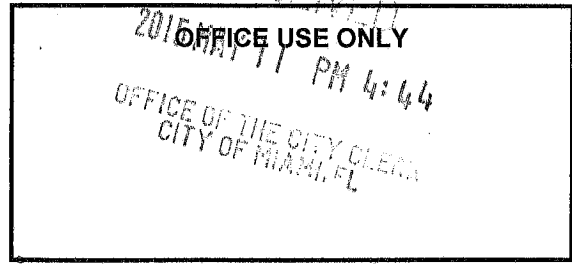


## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Seth Sklarey  
 Name  
 (2) P O Box 332172  
 Address (number and street)  
Coconut Grove FL 33233-2172  
 City, State, Zip Code



Check here if address has changed

(3) ID Number: N/A

(4) Check appropriate box(es):

- Candidate Office Sought: Miami Commissioner District 2
- 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 04 /01 /2015 To 04 /30 /2015 Report Type: 2015-M4

Original  Amendment  Special Election Report

(6) **Contributions This Report**

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 00

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 00

(7) **Expenditures This Report**

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 10 . 00

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 10 . 00

(8) **Other Distributions**

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 00

(9) **TOTAL Monetary Contributions To Date**

\$ \_\_\_\_\_ , \_\_\_\_\_ , 100 . 00

(10) **TOTAL Monetary Expenditures To Date**

\$ \_\_\_\_\_ , \_\_\_\_\_ , 76 . 43

### (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) J P Morgan

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

X  \_\_\_\_\_  
 Signature

(Type name) Seth Sklarey

Candidate  Chairperson (only for PC and PTY)

X  \_\_\_\_\_  
 Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Seth Sklarey (2) I.D. Number \_\_\_\_\_

(3) Cover Period 04 / 01 / 2015 through 04 / 30 / 2015 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Seth Sklarey

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 04 / 01 / 2015 through 04 / 30 / 2015

(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					
04 / 13 / 2015	City National Bank	Bank Service Fee	CAN		10.00
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