

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

OFFICE USE ONLY

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CITY OF MIAMI, FL

(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 07 /01 /2015 To 07 /31 2015 Report Type: 2015-M7

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 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

\$, , 260 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 116 . 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]
Signature

(Type name) Seth Sklarey

Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Seth Sklarey (2) I.D. Number _____

(3) Cover Period 07 / 01 / 2015 through 07 / 31 / 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 Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Seth Sklarey

(2) I.D. Number _____

(3) Cover Period 07 / 01 / 2015 through 07 / 31 / 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					
07 / 15 / 2015	City National Bank	Bank Service Fee	CAN		10.00

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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Seth Sklar (2) I.D. Number _____

(3) Cover Period July 1, 2015 through 7/31, 2015 (4) Page _____ of _____

(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) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
(6) Sequence Number						
/ /		Nothing To Report				
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CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS

(1) Name Seth Sklar (2) I.D. Number _____
 (3) Cover Period 7/1/2018 through 7/31/2018 (4) Page _____ of _____

(5) Date	(6) Sequence Number	(7) Name of Financial Institution Street Address & City, State, Zip Code	(8) Transfer Type	(9) Nature of Account	(10) Amendment	(11) Amount
///		<i>Nothing to report</i>				
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