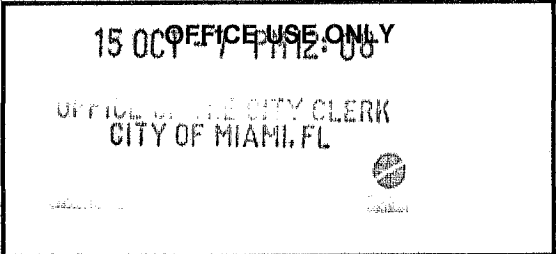


CAMPAIGN TREASURER'S REPORT SUMMARY



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

(3) ID Number: N/A

Check here if address has changed

(4) Check appropriate box(es):
 Candidate Office Sought: Miami Commissioner District 2
 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 09 /01 /2015 To 10 /02 /2015 Report Type: 2015-G1

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	\$	_____	,	_____	,	_____	.	00
Transfers to Office Account	\$	_____	,	_____	,	_____	.	00
Total Monetary	\$	_____	,	_____	,	_____	.	00

(8) Other Distributions
 \$ _____ , _____ , _____ . 00

(9) TOTAL Monetary Contributions To Date
 \$ _____ , _____ , _____ . 00

(10) TOTAL Monetary Expenditures To Date
 \$ _____ , _____ , 116 _____ 43

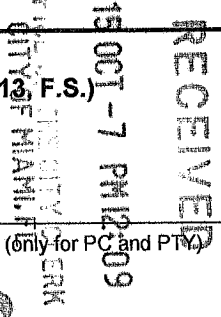
(11) Certification

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 09 / 01 / 2015 through 10 / 02 / 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				
10 / 02 / 2015 / / <input checked="" type="checkbox"/>	Affiliated Healthcare Centers 8000 SW 67 Ave Miami Fl 33143	B	Healthcare	CHE			\$250.00
1							
10 / 02 / 2015	78 Political Committee 2153 West Oak Ridge Road Orlando Fl 32809	F	<i>Painters</i>	CHE			\$1,000.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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 CITY OF MIAMI, FL

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Seth Sklarey

(2) I.D. Number _____

(3) Cover Period ^{rr} 00-9 / 01 / 2015 through 10 / 02 / 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					
09 / 14 / 2015	City National Bank	Bank Service Fee	CAN		10.00
/ /					
/ /					
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/ /					
/ /					

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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name SETH S. KANEY (2) I.D. Number _____

(3) Cover Period 9/1/15 through 12/2/15 (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) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
(6) Sequence Number						
11	<i>Nothing to Report or Pres Form</i>					
11						
11						
11						
11						
11						
11						

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 CITY OF MIAMI, FL

CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS

(1) Name Seth Stelarey

(2) I.D. Number _____

(3) Cover Period 9, 1, 15 through 10, 2, 15

(4) Page 1 of 1

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