

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

OFFICE USE ONLY

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 CITY OF MIAMI

(3) ID Number: N/A

(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 10 /03 /2015 To 10 /16 /2015 Report Type: 2015-G2
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 200 . 00
 Loans \$ _____ , _____ , _____ . 00
 Total Monetary \$ _____ , _____ , _____ . 00
 In-Kind \$ _____ , _____ , _____ . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 410 . 00
 Transfers to Office Account \$ _____ , _____ , _____ . 00
 Total Monetary \$ _____ , _____ , 410 . 00

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

(9) TOTAL Monetary Contributions To Date
 \$ _____ , _____ , 1 , 710 . 00

(10) TOTAL Monetary Expenditures To Date
 \$ _____ , _____ , 526 . 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 _____ (m)
 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 10 / 03 / 2015 through 10 / 16 / 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 / 16 / 2015 1	Car Clinic Auto Repair 7751 NW 7 Ave Miami Fl 33150	B	Auto Repair	CHE			\$200.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Seth Sklarey

(2) I.D. Number _____

(3) Cover Period 10 / 03 / 2015 through 10 / 16 / 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					
10 / 13 / 2015 +	City National Bank	Bank Service Fee	CAN		10.00
10 / 16 / 2015 +	Charles Stuart 2321 Pembroke Rd Hwd. Fl 33020	Printing & Signs	CHE		400.00

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