

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

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CITY OF MIAMI, FL

2015 MAR -5 PM 11:18

(5) Report Identifiers

Cover Period: From 02 /01 /2015 To 02 /28 /2015 Report Type: 2015-M2

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , 100.00

Total Monetary \$ _____ , _____ , 100.00

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . 00

(8) Other Distributions

\$ _____ , _____ , _____ . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 100.00

(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) 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 02 / 01 / 2015 through 02 / 28 / 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 | (11) Amendment | (12) Amount |
|---------------------------|--|--------------------|------------|---------------------|-----------------|-------------------|----------------|
| (6) Sequence Number | | Type | Occupation | Type | Description | | |
| 02 / 02 / 2015 | Seth Sklarey P O Box 332172 Coconut Grove, Fl 33233-2172 | S | N/A | LOA | | | \$100.00 |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Seth Sklarey

(2) I.D. Number _____

(3) Cover Period 02 / 01 / 2015 through 02 / 28 / 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 | | | | | |
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CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS

(1) Name Seth Sklarey

(2) I.D. Number _____

(3) Cover Period 02 / 01 / 2015 through 02 / 28 / 2015

(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 on this form</i> | | | | |
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

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

(3) Cover Period 02 / 01 / 2015 through 02 / 28 / 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) Related Expenditures | (10) Amendment | (11) Amount | (12) Distribution Type |
|---------------------------|--|--|--------------------------------|-------------------|----------------|------------------------------|
| (6) Sequence Number | | | | | | |
| / / | Nothing to report on this form | | | | | |
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