CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Seth Sklarey	OFFICE USE ONLY						
Name	2015 110						
(2) P O Box 332172	2015 JUE 10 PH 5: 00						
Address (number and street)	CATER STATE OF GU						
Coconut Grove FL 33233-2172	City of the control o						
City, State, Zip Code	NI/A						
Check here if address has changed	(3) ID Number: N/A						
(4) Check appropriate box(es): ☐ Candidate Office Sought: ☐ 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 05 /01 /2015 To	05 /31 /2015 Report Type: 2015-M5						
✓ Original Amendment Spe	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$, , <u>00</u>	Expenditures \$, , <u>10</u> . <u>00</u>						
Loans \$,	Transfers to Office Account \$						
Total Monetary \$, , <u>00</u>	· ′ ′						
In-Kind \$,, . 00_	Total Monetary \$, , 10 . 00						
	(8) Other Distributions						
	\$, , <u></u> . <u>00</u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$	\$, <u></u> , <u>96</u> . <u>43</u>						
(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 (Type name) Seth Sklarey							
☐ Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer or electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)						
x / 1 -day (m)	x &						
Signature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Sklarey				(2) I.D. Number			
(3) Cover Period	05 / 01 / 2015	through	05 /	//	_ (4) Page	1 0	. 0	
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Cont	(8) tributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)	
05 28 2015	Seth Sklarey			LOA			10.00	
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1 1								

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Seth	Sklarey		2) I.D. Number	' -4,	
(3) Cover Perio	d 05 / 01 / 2015 through 05	/ 31 / 2015	(2) I.D. Number (4) Page (7) (10) (11)		
(5) Date (6) Sequence Number	(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)	
05 /13 /2015	City National Bank	Bank Service Fee	CAN		10.00
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