

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) S. Ray Martin
 Name
 (2) 1148 NW 44th ave
 Address (number and street)
Lauderhill, FL 33313
 City, State, Zip Code

OFFICE USE ONLY
RECEIVED
 SEP 16 2019
 CITY CLERK'S OFFICE

(3) ID Number: _____

(4) Check appropriate box(es): Lauderhill City Commissioner Seat #3

Candidate Office Sought: _____
 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 08 / 01 / 19 To 08 / 31 / 19 Report Type: M8

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , 5,000 , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ 0 , _____ , _____ . _____

Transfers to Office Account \$ 0 , _____ , _____ . _____

Total Monetary \$ 0 , _____ , _____ . _____

(8) Other Distributions
 \$ 0 , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date
 \$ _____ , 10,000 , _____ . 00

(10) TOTAL Monetary Expenditures To Date
 \$ 0 , _____ , _____ . _____

(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) S. Ray Martin

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X 
 Signature

(Type name) S. Ray Martin

Candidate Chairperson (only for PC and PTY)

X 
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

Ray Martin

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

08 01 19 08 31 19 1 2

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page ____ of ____

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
08 29 19 / /	Ray Martin 1148 NW 44th ave Lauderhill, FL 33313	S	Self Employed	LOA			\$5,000.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Ray Martin

(2) I.D. Number _____

(3) Cover Period 08 / 01 / 19 through 08 / 31 / 19

(4) Page 2 of 2

(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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