

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
 OCT 08 2019
 CITY CLERK'S OFFICE

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es): Lauderhill City Commission, 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 09 / 01 / 19 To 09 / 30 / 19 Report Type: M9

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , 5 , 000 , 00 . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0 , 00 . _____

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 15 , 000 . _____

(10) TOTAL Monetary Expenditures To Date


\$ _____ , _____ , 0 , 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:

S. Ray Martin
 (Type name)
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X 
 Signature

S. Ray Martin
 (Type name)
 Candidate Chairperson (only for PC and PTY)

X 
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

S. Ray Martin

(1) Name _____ **(2) I.D. Number** _____
 09 01 19 09 30 19 2 2
(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ **(4) Page** ____ of ____

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
09 25 19 / / 1	S. Ray Martin 1148 NW 44th Ave Lauderhill, FL 33313	S	Self	LOA			5,000.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							