

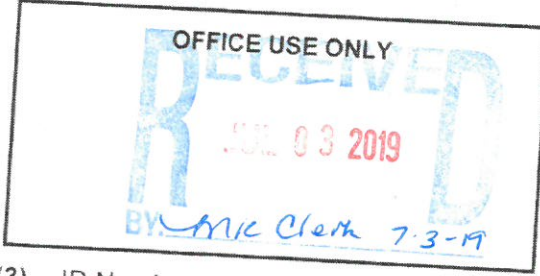
CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Kelli Glass Lighton
Name

(2) PO Box 1493
Address (number and street)

Stuart, FL 34995
City, State, Zip Code

Check here if address has changed



(3) ID Number: _____

- (4) Check appropriate box(es):
- Candidate Office Sought: Stuart City Commission
 - 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 06 / 17 / 19 To 06 / 21 / 19 Report Type: _____

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks	\$	_____	_____	_____	<u>205.00</u>
Loans	\$	_____	_____	_____	<u>205.00</u>
Total Monetary	\$	_____	_____	_____	_____
In-Kind	\$	_____	_____	_____	_____

(7) Expenditures This Report

Monetary Expenditures	\$	_____	_____	_____	_____
Transfers to Office Account	\$	_____	_____	_____	_____
Total Monetary	\$	_____	_____	_____	<u>205.00</u>

(8) Other Distributions
\$ _____

(9) TOTAL Monetary Contributions To Date
\$ _____ 205.00

(10) TOTAL Monetary Expenditures To Date
\$ _____ 205.00

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

X Kelli Glass Lighton
Signature

(Type name) Kelli Glass Lighton
 Candidate Chairperson (only for PC and PTY)

X Kelli Glass Lighton
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Kelli Glass Lighton (2) I.D. Number _____

(3) Cover Period 6 / 17 / 19 through 6 / 21 / 19 (4) Page 1 of 1

(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		Amount
<u>6 / 17 / 19</u>	<u>Glass Lighton, Kelli PO Box 1493 Stuart, FL 34985</u>	<u>DDA I</u>		<u>LOA</u>			<u>\$205⁰⁰</u>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Kelli glass Leighton

(2) I.D. Number _____

(3) Cover Period 6 / 17 / 19 through 6 / 21 / 19

(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					
6 / 17 / 19	Glass Leighton, Kelli PO Box 1493 Stuart FL 34995	City Commission	CAN. filing fee		205. ⁰⁰
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JUL 03 2019
BY: _____