

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Kelli Glass Leighton
 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 IV
- 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 6 / 19 / 17 To 6 / 23 / 17 Report Type: TR

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , 141 . 28

Total Monetary \$ _____ , _____ , 141 . 28

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 141 . 28

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

Total Monetary \$ _____ , _____ , 141 . 28

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 141 . 28

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 141 . 28

(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 Leighton

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

X Kelli Glass Leighton

Signature

(Type name) Kelli Glass Leighton

Candidate Chairperson (only for PC and PTY)

X Kelli Glass Leighton

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Kelli Glass Lighton (2) I.D. Number IV
 (3) Cover Period 6 / 19 / 17 through 6 / 23 / 17 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11)	(12)
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
6 / 19 / 17	Glass Lighton, Kelli PO Box 1493 Suwanee FL 34495	I		LOA			\$141.28
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Kelli Glass Leighton

(2) I.D. Number _____

(3) Cover Period 6 / 19 / 17 through 6 / 23 / 17

(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 / 19 / 17	City of Stuart	Filing fee	CAN		141.28
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